



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 20 P 2:04

1. Entity ID Number 000017559		2. Exact name of the Corporation E.F.McGovern Landscaping, Inc			
3. Principal Office Address 122 Auburn Dr		City Charlestown		State RI	Zip 02813
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol McGovern			Vice-President Name David McGovern		
Street Address 40 Tern Rd			Street Address 122 Auburn Dr		
City Narragansett	State RI	Zip 02882	City Charlestown	State RI	Zip 02813
Secretary Name Kim McGovern			Treasurer Name		
Street Address 122 Auburn Dr			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 300	CLASS/SERIES	PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Kim McGovern				Date 4/20/23	
Signature of Authorized Representative <i>Kim McGovern</i>					

FILED

APR 20 2023

BY 9205E 2:05