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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2023

Corporation

AMENDED

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

| | | | | | |
|---|-------------|--|---|------------------|-----------------|
| 1. Entity ID Number 000083000 | | 2. Exact name of the Corporation Hall's Mowing Service, Inc. | | | |
| 3. Principal Office Address P.O. Box 83 | | City Block Island | | State RI | Zip 02807 |
| 4. NAICS Code 484210 484210 | | 6. Brief description of the character of business conducted in Rhode Island Mowing and land maintenance | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Glen Hall | | | Vice-President Name | | |
| Street Address P.O. Box 83 | | | Street Address | | |
| City Block Island | State RI | Zip 02807 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Kiley Hall | | | Director Name | | |
| Street Address P.O. Box 83 | | | Street Address | | |
| City Block Island | State RI | Zip 02807 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized 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 8,000 | | CLASS(S) CWP |
| | | | PAR VALUE \$1.00 | | |
| 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 Glen Hall | | | | Date 8/11/23 | |
| Signature of Authorized Representative <i>Glen Hall</i> | | | | 3:17 pm FILED | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

AUG 11 2023

BY

KIM



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 11, 2023 03:17 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each name being capitalized.

Gregg M. Amore
Secretary of State

