



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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 STAMP

1. Entity ID Number 000005052		2. Exact name of the Corporation LAWNCARE, INC.			
3. Principal Office Address 2423 PLAINFIELD PIKE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID SOUSA			Vice-President Name DAVID SOUSA		
Street Address 2423 PLAINFIELD PIKE			Street Address 2423 PLAINFIELD PIKE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name LIZ MONTECALVO			Treasurer Name DAVID SOUSA		
Street Address 2423 PLAINFIELD PIKE			Street Address 2423 PLAINFIELD PIKE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					PAR VALUE
					NONE
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. <i>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.</i>					
Name of Authorized Representative LIZ MONTECALVO				Date 2/5/24	
Signature of Authorized Representative <i>Liz Montecalvo</i>				FILED 2/5/24	

BY XIX03
KJ