



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.

FILED

APR 08 2024

BY *ISUS*
[Signature]

1. Entity ID Number 45927		2. Exact name of the Corporation DAVE'S LAWN CARE SERVICE, INC.			
3. Principal Office Address 2800 Warwick Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping, gardening, supply operations, retail or wholesale			
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 W. Salois			Vice-President Name Roberta A. Salois		
Street Address 2800 Warwick Avenue			Street Address 2800 Warwick Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name David W. Salois			Treasurer Name Roberta A. Salois		
Street Address 2800 Warwick Avenue			Street Address 2800 Warwick Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David W. Salois			Director Name		
Street Address 2800 Warwick Avenue			Street Address		
City Warwick	State RI	Zip 02889	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	PAR VALUE
		400	Common	No 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 David W. Salois, President					Date 3/9/24
Signature of Authorized Representative <i>David W. Salois</i>					

MAIL TO:
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Website: www.sos.ri.gov