



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 26 2024

BY

14851  
23

1. Entity ID Number 000622416		2. Exact name of the Corporation A.E.P. Services, Inc.			
3. Principal Office Address 6 Bowen Street			City Johnston	State RI	Zip 02919
4. NAICS Code 488490		6. Brief description of the character of business conducted in Rhode Island Landscaping, Snow Removal, Fence Installation.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Arthur Paone			Vice-President Name		
Street Address 600 Rocky Hill Road			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Arthur Paone			Treasurer Name Arthur Paone		
Street Address 600 Rocky Hill Road			Street Address 600 Rocky Hill Road		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Arthur Paone			Director Name		
Street Address 600 Rocky Hill Road			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	.01
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. <b>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.</b>					
Name of Authorized Representative Arthur Paone					Date 4/16/24
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov