

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.

RECEIVED
 SECRETARY OF STATE
 BY
 AUG 29 3:20
 FILED
 AUG 30 2024
 BY
 0113

1. Entity ID Number <u>1751501</u>		2. Exact name of the Corporation PRISTINE TURF MANAGEMENT INC			
3. Principal Office Address 170 LOCUST GLEN DRIVE			City CRANSTON	State RI	Zip 02921
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island FERTILIZER - 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 CARMING PALIOTTA JR			Vice-President Name MICHAEL MERESI		
Street Address 115 DOWNING DR			Street Address 170 LOCUST GLEN DR		
City JOHNSTON	State RI	Zip 02919	City CRANSTON	State RI	Zip 02921
Secretary Name			Treasurer Name ROBERT ANTHONY PAGLIARINI III		
Street Address			Street Address 97 TELL STREET		
City	State	Zip	City PROVIDENCE	State RI	Zip 02909
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0		0	0.00
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.					
<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 <u>Michael Meresi</u>					Date <u>8-24-24</u>
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
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