



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.

1. Entity ID Number 001681140		2. Exact name of the Corporation Smithfield Lawn Services, Inc	
3. Principal Office Address 10 Levesque Dr		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island Provide landscaping, lawn maintenance and snow removal services		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Brandon Lonchay		Vice-President Name	
Street Address 304 New River Rd		Street Address	
City Manville	State RI	Zip 02838	
Secretary Name		Treasurer Name Joseph M Sweet	
Street Address		Street Address 18 Cherrywood Dr	
City	State	Zip	
		City Greenville	State RI
		Zip 02828	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Brandon Lonchay		Director Name	
Street Address 304 New River Rd		Street Address	
City Manville	State RI	Zip 02838	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
		City	State
		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued 10 Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIALS CWP
		PAR VALUE \$1.0000	
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 Jennifer Lonchay		Date 1/6/25	
Signature of Authorized Representative <i>Jennifer A. Lonchay</i>			

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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JAN 7 2025

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