RECD 2025 JAN 7 PM 1:53:32 SOS

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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	2. Exact name of the Corporation			
001681140	Smithfield Lawn Services, Inc			
3. Principal Office Address		City	State	Zip
10 Levesque Dr		Smithfield	RI	02917
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
561730	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 ☐

President Name	Street Address	City	State	Zip
Brandon Lonchay	304 New River Rd	Manville	Ri	02838

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip
Joseph M Sweet	18 Cherrywood Dr	Greenville	RI	02828

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Brandon Lonchay	304 New River Rd	Manville	RI	02838

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized
This information is currently of record in the Department of State.
Changes require an additional filing.

10. Shares Issued 10 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CWP	$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: Jennifer A Lonchay

FILED
JAN 7 2025
BY WQWEK 1:55

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

FORM 630- Revised: 12/2023