



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.

REC'D 2:30:05 PM
JAN 7 2025

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	City	State	Zip
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <u>10</u>		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES		CLASS/SERIES	
		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 <i>Jennifer A Lonchay</i>				FILED JAN 7 2025	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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