



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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**  
 FEB 12 2025  
 BY 26314  
EG

1. Entity ID Number <b>82973</b>		2. Exact name of the Corporation <b>Superior Lawn Maintenance, Inc.</b>			
3. Principal Office Address <b>12 Shun Pike</b>			City	State	Zip
4. NAICS Code <b>541320</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own, operate and maintain a business for the purposes of landscaping and gardening, including maintenance of laws and shrubs.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Keith A. DiPetrillo</b>			Vice-President Name <b>Scott D. Hesford</b>		
Street Address <b>12 Shun Pike</b>			Street Address <b>12 Shun Pike</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Scott D. Hesford</b>			Treasurer Name <b>Keith A. DiPetrillo</b>		
Street Address <b>12 Shun Pike</b>			Street Address <b>12 Shun Pike</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Scott D. Hesford</b>			Director Name <b>Keith A. DiPetrillo</b>		
Street Address <b>12 Shun Pike</b>			Street Address <b>12 Shun Pike</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>600</b>	<b>Common</b>	<b>None</b>
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 <b>Keith A. DiPetrillo, President</b>				Date <b>2/3/25</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov