




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

MAIL TO:
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 Website: www.sos.ri.gov