State of Rhode Island

Division

5->	Department of S	tate -	Business	Services	DIVISI
ual	Panart for the year	202	5		

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

PLED	
FEB 2 4 2025	ĸi. /
BY 0493	-

Penalty: Additional \$25 00 fee if form is not filed by May 31.											
Entity ID Number	Entity ID Number Z Exact name of the Corporation										
1659280	AMESBURY MOWING, INC.										
3 Principal Office Address		City	<u></u> -	State		Zıp					
150 Long Highway			Little C	Compton	RI		02837				
4. NAICS Code	Brief description	on of the character	of busines	s conducted in Rhode I	sland						
561730	Lawit Mowing Services										
5. State of Incorporation											
Rhode Island											
7 List ALL officers (names and addresses) Check the box to indicate an attachment D											
President Name Jon E. Ibbotson			Vice-President Name Jon E. Ibbotson								
Street Address 150 Long Highway			Street Address 150 Long Highway								
City Little Compton	State RI	^{Z_{IP}} 02837	City 1 ittle	· Compton	State	RI	Zip 02837				
Secretary Name Jodi A. Ibbotson			City Little Compton State RI 02837 Treasurer Name Jon E. Ibbotson								
Street Address 150 Long Highway			Street Address 150 Long Highway								
City Little Compton	State RI	^{Zıp} 02837	City Little Compton		Ctata	र।	Zip 02837				
8. List ALL directors (names and ad	dresses)			Check the be	ox to indi	cate an atta	chment 🔲				
Director Name N/A			Director Name N/A								
Street Address				Street Address							
City	State	Zip	City		State		Zip				
Director Name N/A			Director Name N/A								
Street Address		Street Address									
City	State	Zip	City		State		Zip				
9. Shares Authorized	9. Shares Authorized 10. Shares Issu										
This information is currently of record Department of State.	d in the	NUMBER OF SE									
·		100		COMMON		NO PAR					
Changes require an additional filing.											
11. This report must be executed or					ration is	in the hand	s of a re-				
ceiver or trustee, this report must be Under penalty of perjury, I declar	e and affirm that	'I have examined	this repor		npanying	schedule	s and				
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date											
Jon E. Ibbotson	2-22-25										
Signature of Authorized Representative A											

Phone: (401) 222-3040 Website: www.sos.n.gov