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State of Rhode Island

Department of State - Business Services Division

FILED

APR 30 2025

Annual Report for the year: 2025 Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

(OB)	BY_	2004
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1. Entity ID Number						_			
45927	2. Exact name of the Corporation DAVE'S LAWN CARE SERVICE, INC.								
Principal Office Address	<u> </u>		City	,	State		Žip		
2800 Warwick Avenue			Warwi	ck	RI		02889		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
561730	Landscaping, gardening, supply operations, retail or wholesale								
5. State of Incorporation	1								
RI	<u></u>								
7. List ALL officers (names and addresses) Check the box to indicat						cate an at	achment 🗀		
President Name David W. Salois				Vice-President Name Roberta A. Salois					
Street Address 2800 Warwick Avenue			1	Street Address 2800 Warwick Avenue					
^{City} Warwick	State RI	^{Zip} 02889	City War	City Warwick		RI	^{Z_{ip}} 02889		
Secretary Name David W. Saloi	S		Treasurer	Treasurer Name Roberta A. Salois					
Street Address 2800 Warwick Avenue				Street Address 2800 Warwick Avenue					
^{City} Warwick	State RI	^{Zip} 02889	City Warwick		State	RI	^{Z_{IP}} 02889		
8. List ALL directors (names and ad	idresses)			Check the	e box to indi	icate an at	tachment 🗆		
Director Name David W. Salois			Director Na	Director Name					
Street Address 2800 Warwick Avenue			Street Add	Street Address					
^{City} Warwick	State RI	^{Zip} 02889	City	City			Zip		
Director Name			Director Na	Director Name					
Street Address			Street Address						
City	State	Zıp	City	City			Zip		
9. Shares Authorized		10. Shares Issued Check the				box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASSISERIES PAR VALUE							
		400		Common		No Par Value			
Changes require an additional filing.									
11. This report must be executed or					rporation is	in the han	ds of a re-		
ceiver 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 David W. Salois, President									
David W. Salois, President Signature of Authorized Representative									
Signature by difficulty Colors									
									

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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