



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 531461		2. Exact name of the Corporation BRIDEN Nurseries and Landscape Management, Inc.			
3. Principal office address 1075 Scituate Avenue		City Cranston		State RI	Zip 02921
4. Business Phone No. 401-942-4400		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Owning and operating a nursery for the wholesale and retail sales of nursery stock, and any other legal purpose.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Dennis Muoio			Vice-President Name Brian Muoio		
Street Address 5 Brown Drive			Street Address 132 Rollingwood Drive		
City Johnston	State RI	Zip 02919	City North Kingstown	State RI	Zip 02852
Secretary Name Brian Muoio			Treasurer Name Dennis Muoio		
Street Address 132 Rollingwood Drive			Street Address 5 Brown Drive		
City North Kingstown	State RI	Zip 02852	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	.01

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

JAN 19 2016

Signature of Authorized Representative

Dennis Muoio

Print or Type Name of Authorized Representative

Date

1/14/16