RI SOS Filing Number: 201734993880 Date: 2/27/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ **Filing Fee: $50.00**
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
542073	**NATURAL SITE SOLUTIONS, INC.**

3. Principal Office Address	City	State	Zip
60 Deerfield Road	**Cranston**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	**Landscaping**
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Deborah Hill-Muoio**			Vice-President Name **Deborah Hill-Muoio**		
Street Address **60 Deerfield Road**			Street Address **60 Deerfield Road**		
City **Cranston**	State **RI**	Zip **02920**	City **Cranston**	State **RI**	Zip **02920**
Secretary Name **Deborah Hill-Muoio**			Treasurer Name **Deborah Hill-Muoio**		
Street Address **60 Deerfield Road**			Street Address **60 Deerfield Road**		
City **Cranston**	State **RI**	Zip **02920**	City **Cranston**	State **RI**	Zip **02920**

8. List ALL directors (names and addresses) — Check the box to indicate an 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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	**100 Shares**	**Common**	**No Par Value**

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	Date
Deborah Hill-Muoio	2/27/17

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

FEB 27 2017

BY 208 08

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016