



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 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. NAICS Code 11 - Agriculture, Forestry, F	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.		
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 Dennis Muoio		Vice-President Name Brian Muoio	
Street Address 5 Brown Drive		Street Address 132 Rollingwood Drive	
City Johnston	State RI	City North Kingstown	State RI
	Zip 02919		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	City Johnston	State RI
	Zip 02852		Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 200	CLASS/SERIES common
		PAR VALUE .01	
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 Dennis Muoio		Date 3/9/17	
Signature of Authorized Representative <i>Dennis Muoio</i>		SIGN DOCUMENT FILED <i>Dennis J. Muoio</i>	

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

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FORM 630 - Revised: 10/2016