



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 11140C		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	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) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	common	.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. <i>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.</i>					
Name of Authorized Representative Dennis Muoio					Date 1/30/19
Signature of Authorized Representative <i>Dennis Muoio</i>			SIGN DOCUMENT HERE FILED		

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

FEB 01 2019

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