RI SOS Filing Number: 201986910950 Date: 2/18/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

RECEIVED STAMP SECRETARY OF STATE CORPORATIONS DIV.

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 FEB 18 PM 12: 25

1. Entity ID Number	2. Exact nam	ne of the Corporatio	n	·····			
001666880		NRI LANDSCAPING, INC.					
3. Principal Office Address			City		State	Zip	
7 Elk Street			Cumberlan	d	RI	02864	
4. NAICS Code	I6 Brief desc	rintion of the charac	ter of husiness of	conducted in Rhod	le Island	\	
561730		Brief description of the character of business conducted in Rhode Island Provide Landscaping services to residetial and commercial clients Title 7-1.2-1701					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names ar	nd addresses)		T		ock the box to in	dicate an attachment 🔲	
President Name David Turco			Vice-President Name David Turco				
Street Address 7 Elk Street	Street Address 7 Elk Street						
City Cumberland	State RI	^{Z₁ρ} 02864	City Cumberland		State RI	^{Zıp} 02864	
Secretary Name David Turco			Treasurer Name David Turco				
Street Address 7 Elk Street				^S 7 Elk Street			
City Cumberland	State RI	^{Zip} 02864	City Cumberland		State RI	^Z 'P 02864	
8. List ALL directors (names a	and addresses)		 	Che	eck the box to in	dicate an attachment	
Director Name	•		Director Name	e			
0			Charat Addings				
Street Address			Street Addres	S			
City	State	Zıp	City		State	Ζp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Žip	
9. Shares Authorized	Shares Authorized 10. Shares Is		Sued Check the box to indicate an attachment				
This information is currently of record in the Department of State.		NUMBER C	F SHARES	CLASS/SERIES PAR VALUE			
		600		CNP	l	\$0.00	
Changes require an additional	filing.						
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	sentative. If the co	proporation is in the	e hands of a receiver or	
trustee, this report must be e	xecuted on behalf o	f the corporation by	the receiver or t	rustee.	•		
Under penalty of perjury, I a statements, and that all sta				including any acc	companying sc	hedules and	
Name of Authorized Representative				Date			
David Turco	ρ	February 14, 2019					
Signature of Authorized Repr	esentative 6	nde	DU COME		•		

MAIL TO:

Division of Business Services

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

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