



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

**FILED**  
 FEB 18 2020  
*9007*

**Annual Report for the year: 2020**  
**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 <b>59125</b>		2. Exact name of the Corporation <b>Gold Star Landscaping, Inc.</b>			
3. Principal Office Address <b>6 Oakcrest Drive</b>		City <b>North Providence</b>		State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Landscape design, maintenance and installation. Irrigation repair and installation. Snow plowing and sanding</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ralph S. Macari</b>		Vice-President Name <b>Lori Ann Macari</b>			
Street Address <b>6 Oakcrest Drive</b>		Street Address <b>6 Oakcrest Drive</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Same</b>		Treasurer Name <b>Same</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>		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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>400</b>	<b>Common Stock</b>	<b>None</b>	
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 <b>Lori Ann Macari</b>				Date <b>2/6/20</b>	
Signature of Authorized Representative <i>Lori Ann Macari</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov