RI SOS Filing Number: 202035735960 Date: 3/2/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

MAR 0 2 2020

→ 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 nam	2. Exact name of the Corporation					
001666880	NRI Land	NRI Landscaping, Inc.					
3. Principal Office Address	e Address				State	Zip	
7 Elk Street			City Cumberland	Cumberland		02864	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business c	conducted in Rhoc	de Island		
561730	Provide Lar	Provide Landscaping services to both residential and commercial customers.					
5. State of Incorporation	\dashv						
Rhode Island							
7. List ALL officers (names a	and addresses)			Che	eck the box to in	ndicate an attachment	
President Name David G. Tur	Vice-President	Vice-President Name David G. Turco					
Street Address 7 Elk Street	Street Address	Street Address 7 Elk Street					
City Cumberland	State RI	Z ₁ p 02864	City Cumberland		State RI	Zip 02864	
Secretary Name			Treasurer Name				
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)			Chr	I eck the box to in	ndicate an attachment [
Director Name	Director Name	Director Name					
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
0							
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Iss	sued	Che	eck the box to in	ndicate an attachment 🔲	
This information is currently of	This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Department of State.		600		CNP		\$0.00	
Changes require an additional	I filing.						
11. This report must be ever	autod on hahalf of the	corporation by an	authorized sense				
 This report must be exect trustee, this report must be ex 	suled on behalf of executed on behalf of	Corporation by air. I the corporation by	Butnonzea repres the receiver or tr	Sentative, ii the co wetoo	orporation is in t	ne hands of a receiver of	
Under penalty of perjury, I					nnivnenmo	hodules and	
statements, and that all st	atements contained	herein are true a	nd correct.	nordaning any acc	companying st	ilennież bilo	
statements, and that all sta Name of Authorized Represe	To		Date	Date			
David G. Turco		2/27		7/2020			
Signature of Authorized Repr	resentative		,			· · · · · · · · · · · · · · · · · · ·	
		.3033	6.5 LTE 27.5 PESET				

MAIL TO:

Division of Business Services

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

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