



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

FILED

Annual Report for the year: 2021 Corporation

JAN 15 2021
 BY *[Signature]*

- 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 000912462		2. Exact name of the Corporation Maplewood Landscaping, Inc.			
3. Principal Office Address 98 Sundale Road			City Cranston	State RI	Zip 02921
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping			
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 Justin J. Corso			Vice-President Name Justin J. Corso		
Street Address 98 Sundale Road			Street Address 98 Sundale Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Justin J. Corso			Treasurer Name Justin J. Corso		
Street Address 98 Sundale Road			Street Address 98 Sundale Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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
			200		Common Stock
			PAR VALUE		\$0.00 - No Par
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 Justin J. Corso				Date 1/4/21	
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					