



**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

For 2021:  
 They will be adding their daughter but are checking first with their accountant and will let us know how/where to add her.

- 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>000139308</b>		2. Exact name of the Corporation <b>Masson Landscaping, Inc.</b>	
3. Principal Office Address <b>180 Sand Plains Trail</b>		City <b>Wakefield</b>	State <b>Ri</b>
		Zip <b>02879</b>	
4. NAICS Code <b>561730</b>	6. Brief description of the character of business conducted in Rhode Island <b>To perform landscaping, lawn maintenance, lawn installation, irrigation and light excavation</b>		
5. State of Incorporation <b>RI</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>Holly J. Masson</b>		Vice-President Name <b>Patrick D. Masson</b>	
Street Address <b>180 Sand Plains Trail</b>		Street Address <b>180 Sand Plains Trail</b>	
City <b>Wakefield</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
Secretary Name <b>Holly J. Masson</b>		Treasurer Name <b>Anna P. Masson</b>	
Street Address <b>180 Sand Plains Trail</b>		Street Address <b>180 Sand Plains Trail</b>	
City <b>Wakefield</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
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>Holly J. Masson</b>		Director Name <b>Patrick D. Masson</b>	
Street Address <b>180 Sand Plains Trail</b>		Street Address <b>180 Sand Plains Trail</b>	
City <b>Wakefield</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
Director Name <b>Anna P. Masson</b>		Director Name	
Street Address <b>180 Sand Plains Trail</b>		Street Address	
City <b>Wakefield</b>	State <b>RI</b>	City	State
Zip <b>02879</b>		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
		<b>100.00</b>	<b>CNP</b>
			PAR VALUE
			<b>\$0.0000</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. <b>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.</b>			
Name of Authorized Representative <b>Holly J. Masson</b>		Date <b>1-26-21</b>	
Signature of Authorized Representative <i>Holly J. Masson</i>		SIGN DOCUMENT HERE	

**FILED**

**FEB 04 2021**

**KM**

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