



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

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
FEB 05 2021
 BY 1086 OS

1. Entity ID Number 1661647		2. Exact name of the Corporation MUNOZ LANDSCAPING AND DESIGNS, INC.												
3. Principal Office Address 319 CHERRY HILL ROAD			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING SERVICES												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name NOE MUNOZ			Vice-President Name											
Street Address 319 CHERRY HILL ROAD			Street Address											
City JOHNSTON	State RI	Zip 02919	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">100</td> <td style="text-align:center;">NO PAR VALUE</td> <td style="text-align:center;">10.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	NO PAR VALUE	10.00			
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100	NO PAR VALUE	10.00												
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 NOE MUNOZ				Date 01/07/2021										
Signature of Authorized Representative 														