RI SOS Filing Number: 202192446220 Date: 2/18/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED
FEB 18 2021
BY 218

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.

1. Entity ID Number	2. Exact name of the Corporation		
59125	Gold Star Landscaping, Inc.		
3. Principal Office Address	City	State	Zip
6 Oakcrest Drive	North Providence	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
812990	Landscape design, maintenance and installation. Irrigation repair and installation. Snow plowing and sanding.		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Ralph S. Macari			Lori Ann Macari		
Street Address			Street Address		
6 Oakcrest Drive			6 Oakcrest Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02904	North Providence	RI	02904
Secretary Name			Treasurer Name		
Same			Same		
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		
None					
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	400	Common Stock	None
Changes require an additional filing.			

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	Date
Lori Ann Macari	2/6/21

Signature of Authorized Representative: Lori Ann Macari

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020