RI SOS Filing Number: 202193676770 Date: 3/5/2021 4:00:00 PM

State of Rhode Island
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.

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1 Entity ID Number	2. Exact name of the Corporation			
129064	LANDSCAPE CREATIONS OF RHODE ISLAND, INC.			
3. Principal Office Address		City	State	Zip
715 Mooresfield Road		Saunderstown	RI	02874
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561730	To operate the business of a landscaping contractor, including masonry work related thereto.			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: Jonathan Zeyl			Vice-President Name:		
Street Address: 715 Mooresfield Road			Street Address:		
City: Saunderstown	State: RI	Zip: 02874	City:	State:	Zip:
Secretary Name: Jonathan Zeyl			Treasurer Name: Jonathan Zeyl		
Street Address: 715 Mooresfield Road			Street Address: 715 Mooresfield Road		
City: Saunderstown	State: RI	Zip: 02874	City: Saunderstown	State: RI	Zip: 02874

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

Director Name: Jonathan Zeyl			Director Name:		
Street Address: 715 Mooresfield Road			Street Address:		
City: Saunderstown	State: RI	Zip: 02874	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000		1.00

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.

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
JONATHAN ZEYL, President	02/18/2021
Signature of Authorized Representative	

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

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MAR 05 2021
BY VFPRG
2:06

FORM 630 - Revised: 08/2020