



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

STAMP

Annual Report for the year: 2021

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- 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 000739454		2. Exact name of the Corporation Kyle Zick Landscape Architecture, Inc.			
3. Principal Office Address 36 Bromfield Street, Suite 202			City Boston	State MA	Zip 02108
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscape architecture services			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kyle Zick			Vice-President Name Kyle Zick		
Street Address 40 Westbourne Street			Street Address 40 Westbourne Street		
City Roslindale	State MA	Zip 02131	City Roslindale	State MA	Zip 02131
Secretary Name Kyle Zick			Treasurer Name Kyle Zick		
Street Address 40 Westbourne Street			Street Address 40 Westbourne Street		
City Roslindale	State MA	Zip 02131	City Roslindale	State MA	Zip 02131
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kyle Zick			Director Name Nonw		
Street Address 40 Westbourne Street			Street Address		
City Roslindale	State MA	Zip 02131	City	State	Zip
Director Name None			Director Name None		
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	PAR VALUE
		1000		CMP	\$0.00
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 Kyle Zick				Date 4/8/21	
Signature of Authorized Representative 				SIGN DOCUMENT FILED	

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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