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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 OCT -5 PM 2:30

1. Entity ID Number	2. Exact name of the Corporation		
132769	Fieldstone Gardens, Inc		
3 Principal Office Address: 59 Peckham RD	City: Little Compton	State: RI	Zip: 02837
4. NAICS Code: ~~6082~~ 561730	6 Brief description of the character of business conducted in Rhode Island: Build, construct, design and plan all phases of landscaping.		
5. State of Incorporation: RI			

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

President Name: Christopher M Faria			Vice-President Name: Dulce C Faria		
Street Address: 59 Peckham RD			Street Address: 59 Peckham RD		
City: Little Compton	State: RI	Zip: 02837	City: Little Compton	State: RI	Zip: 02837
Secretary Name: Christopher M Faria			Treasurer Name: Christopher M Faria		
Street Address: 59 Peckham RD			Street Address: 59 Peckham RD		
City: Lttle Compton	State: RI	Zip: 02837	City: Little Compton	State: RI	Zip: 02837

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

Director Name: Christopher M Faria			Director Name: Dulce C Faria		
Street Address: 59 Peckham RD			Street Address: 59 Peckham RD		
City: Little Compton	State: RI	Zip: 02837	City: Little Compton	State: RI	Zip: 02837
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9 Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	common	NPV

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
Christopher M Faria	10/05/2021

Signature of Authorized Representative: Christopher M Faria

FILED 2:31

OCT 05 2021
BY KRSNK

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