



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 20 2022

1278 OS

1. Entity ID Number 146742		2. Exact name of the Corporation Larlham Landscape Supply and Nursery, Inc.												
3. Principal Office Address 3945 Old Post Road			City Charlestown	State RI	Zip 02813									
4. NAICS Code 424930		6. Brief description of the character of business conducted in Rhode Island Wholesale and retail sales of plant material such as trees, shrubs, perennials and annuals												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Matthew C. Larlham			Vice-President Name None											
Street Address 3945 Old Post Road			Street Address											
City Charlestown	State RI	Zip 02813	City	State	Zip									
Secretary Name Matthew C. Larlham			Treasurer Name Matthew C. Larlham											
Street Address 3945 Old Post Road			Street Address 3945 Old Post Road											
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Matthew C. Larlham			Director Name None											
Street Address 3945 Old Post Road			Street Address											
City Charlestown	State RI	Zip 02813	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par Value												
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 Matthew C. Larlham				Date March 17, 2022										
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

FORM 630 - Revised: 11/2021