



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.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

STAMP

 FOR
 THE CLERK OF THE STATE
 DEPT. ONLY

2023 JAN 12 PM 1:26

1. Entity ID Number 001666880		2. Exact name of the Corporation NRI Landscaping, Inc.												
3. Principal Office Address 7 Elk Street			City Cumberland		State RI									
					Zip 02864									
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Provide landscaping services to both residential and commercial customers.												
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 David G. Turco			Vice-President Name David G Turco											
Street Address 7 Elk Street			Street Address 7 Elk Street											
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
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 <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>600</td> <td>CNP</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	CNP	\$0.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		600	CNP	\$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 David G. Turco					Date 07/05/2022									
Signature of Authorized Representative 														

FILED

 JAN 12 2023
 BY ML 14NTQ
 1:28