



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.

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BUS SVCS DIV

STAMP  
FOR  
SECRETARY OF STATE  
OFFICE 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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		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 				<b>FILED</b>	

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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