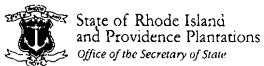
## **FILED**



A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence. Rt 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1 2-1501(e), each corporation failing or refusing to file in annual report within thirty (39) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e&d)) is rubject to a penalty fee of \$25.00

1. Corporate II) No.	2 Name of Corporation	<u> </u>			
0000-71789	PLAINEIEL	o LANDSC	APING LO INC		
3 Street Address Principal Husiness O	Affice T	)	JOHNSTON	Siale R 1	02919
4. Business Phone No	1-15-0	5 State of Incorporation	SOUNSTON	,,,	102711
401 946 500	10	RHODE	SLAND		
6 Brief Description of the Character of		Ote Island	DEGED 12	<del></del>	
	rangean	nu /54	1320)		
7. NAMES AND ADDRESSES	of the officers:	("X" BOX FOR ATTAC	. –	S BEFORE USING ATT	CACHMENTS
Prisideni Name			Vice President Name		
FRANK DEBELLIS Street Address			FRANK DESTELLIS		
2071 PLAINPIEW PIKE			2071 PLAINIFIELD PIKE		
Cu: _	State	Zip	: City	State _	200
JOHNSTON	13	02919	JOHNSTOM	181	1º 02919
Secretary Name	<u> </u>		Treasurer Name	-	••••••••••••••••••••••••••••••••
FRANK DEBELLIS			FRANK DEBELLIS		
2071 PLAINFIELD PIKE			2071 PLAINFIELD PIKE		
City	State _ 1	Zip C	CITY	State State	ZΨ
JOHNSTON .	R 1	T 02919	JOHNSTON	RI	02919
8. NAMES AND ADDRESSES	OF THE DIRECTORS	("X" BOX FOR ATT	_	ES BEFORE USING A	
Director Name			Director Name	_	
NONE			NONE		
Street Address			Street Address		
City	State	Zip	Cit:	State	Zip
•		"	• • • • • • • • • • • • • • • • • • • •	3.414	
Director Name		J	Director Name	.l _	
NONE			NONE		
Street Address			Street Address		
City	State	Zip	: City	Taille T	
(my	State.	Z.Ip	Cin	State	Zıp
9. SHARES AUTHORIZED	1	ı	10. SHARES ISSUED ("X"	 BOX FOR ATTACHM	ENT)
			ISSUED SHARES — THIS SECTION		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100 00	<i>?</i> ,	1121/
			100.	COMMON	NIV
					1
This report must be executed	on habalf of the com	oration by an authoriza	d annual state of the same		<u>.                                    </u>
this report must be executed	on behalf of the come	oration by the receiver of	d representative. If the corporator trustee.	ation is in the hands of	a receiver or trustee,
-		,			
			Under penalty of periory	I declare and affirm that	I have examined this report,
			including any accompany	ing schedules and staten	ents, and that all statements
			contained herein are true	and correct.	
File Date	<del></del> .		Mal	WED!	<u> 1-1-2</u>
Chaok No.			Signature		Date
Check No.			FRANK 1	) E BELLI	\$
By:			Print or Type Name	<del></del>	
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FOR SECRETARY OF ST	ATE USE ONLY		Tule	DEN 1	Form 630 Rev. 08/08