



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

FILED

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 26 2023
 BY 7531

1. Entity ID Number <u>14583</u>		2. Exact name of the Corporation <u>NATURE'S WAY LANDSCAPING INC</u>			
3. Principal Office Address <u>2953 HARTFORD AVE</u>		City <u>SMITHSTON</u>	State <u>R.I.</u>	Zip <u>02919</u>	
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island <u>MAINTENANCE + CONSTR. OF COMM. + RES. LANDSCAPES</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>WILLIAM RAINONE</u>		Vice-President Name <u>ANTHONY RAINONE</u>			
Street Address <u>354 CHEPMIST HILL RD</u>		Street Address <u>28 HOUTMAN AVE</u>			
City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>	City <u>CUMBERLAND</u>	State <u>R.I.</u>	Zip <u>02864</u>
Secretary Name <u>ANTHONY RAINONE</u>		Treasurer Name <u>WILLIAM RAINONE</u>			
Street Address <u>28 HOUTMAN AVE</u>		Street Address <u>354 CHEPMIST HILL RD</u>			
City <u>CUMBERLAND</u>	State <u>R.I.</u>	Zip <u>02864</u>	City <u>CHEPACHET</u>	State <u>R.I.</u>	Zip <u>02814</u>
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>600</u>		<u>NO PAR VALUE</u>	
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 <u>WILLIAM RAINONE</u>				Date <u>1/23/23</u>	
Signature of Authorized Representative 				SIGN POSTMENT REPORT	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov