

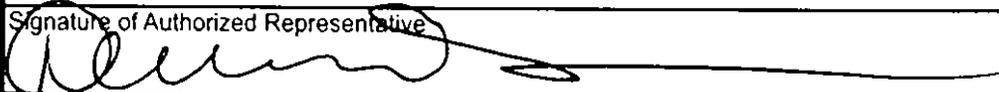


State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

**FILED**  
**JAN 30 2023**  
 BY 335 DS

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000542073</b>		2. Exact name of the Corporation <b>Natural Site Solutions, Inc</b>			
3. Principal Office Address <b>35 Holly Hill Lane</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>Landscaping and Mulching</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Deborah Hill-Muoio</b>			Vice-President Name <b>Deborah Hill-Muoio</b>		
Street Address <b>35 Holly Hill Lane</b>			Street Address <b>35 Holly Hill Lane</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Deborah Hill-Muoio</b>			Treasurer Name <b>Deborah Hill-Muoio</b>		
Street Address <b>35 Holly Hill Lane</b>			Street Address <b>35 Holly Hill Lane</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
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
			100 Shares		Common
					PAR VALUE
					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. <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 <b>Deborah Hill-Muoio</b>				Date <b>1/26/23</b>	
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov