



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FOR
SECRETARY OF STATE
USE ONLY
RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 162123		2. Exact name of the Corporation New Leaf Landscaping Inc.		2023 FEB 14 A 11:04	
3. Principal Office Address 98 Ridge Drive			City Exeter	State RI	Zip 02822
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island To provide landscaping services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shannon D. Cuthill			Vice-President Name Deanna G. Cuthill		
Street Address 98 Ridge Drive			Street Address 98 Ridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Shannon D. Cuthill			Treasurer Name Shannon D. Cuthill		
Street Address 98 Ridge Drive			Street Address 98 Ridge Drive		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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		
			200 Common with 0.00 Par		
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 Shannon D. Cuthill				Date 2/1/23	
Signature of Authorized Representative 				FILED	

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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