



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.

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BUS SVCS DIV

2023 FEB 14 A 11:04

1. Entity ID Number 162123		2. Exact name of the Corporation New Leaf Landscaping Inc.	
3. Principal Office Address 98 Ridge Drive		City Exeter	State RI
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		Zip 02822	
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	City Exeter	State RI
Zip 02822		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	City Exeter	State RI
Zip 02822		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		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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