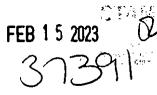
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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation



→ Filing period: February 1 - May 1

→ Filing Fee: ,\$50.00 J

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

Entity ID Number	2. Exact nan	ne of the Corporation	<u>. </u>	 	_			
000002907	Broadvi	Broadview Landscaping, Inc.						
3. Principal Office Address			City	· <u> </u>	State	Žip		
5 Langworthy Road			Westerly		RI	02891		
4. NAICS Code		Brief description of the character of business conducted in Rhode Island						
30 Y	Engage i	Engage in general landscaping.						
5. State of Incorporation	7							
RI	1							
7. List ALL officers (names and a	idresses)				the box to i	ndicate an attachment		
President Name Mark Koswaski			Vice-President Name None.					
Street Address 170 Tomaquag Road			Street Adaress					
^{City} Ashaway	State RI	^{Z₁p} 02804	Crty		State	Zıp		
Secretary Name None.	1 .		Treasurer Nan	Treasurer Name None.				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and	addresses)	<u></u>		Check	the box to i	ndicate an attachment		
Director Name		<u> </u>	Director Name					
Street Address			Street Adoress	Street Adams				
			Oli CEL FIGUROS.	•				
City	Stale	Zip	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address					
Over the state of			Sireet Address	•				
City	State	Zip	City		State	Zıp		
9. Shares Authorized		10. Shares Iss	ued	Check	the box to i	ndicate an attachment 🔲		
This information is currently of record in the Department of State.		400		class/series Common		No Par		
Changes require an additional filin	g.							
11. This report must be executed	on behalf of the	e comporation by an a	uthorized regres	sentative. If the como	ration is in	the hands of a receiver or		
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								
Name of Authorized Representative Date								
Mark B. Koswaski								
Signature of Authorized Representative								
O'Call 1. Munuly								

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov