



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

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

FEB 21 2023

5190

1. Entity ID Number <b>000535436</b>		2. Exact name of the Corporation <b>Hall Landscaping Inc.</b>			
3. Principal Office Address <b>29 Tilden Ave</b>		City <b>Newport</b>		State <b>RI</b>	Zip <b>02840</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>Landscape maintenance</b>			
5. State of Incorporation <b>RI</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>Jonathan Hall</b>			Vice-President Name		
Street Address <b>29 Tilden Ave</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>2</b>	CLASS/SERIES <b>2</b>	PAR VALUE <b>2</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Jonathan Hall</b>				Date <b>2/16/23</b>	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023