RI SOS Filing Number: 202329161080 Date: 2/21/2023 4:00:00 PM

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State of Rhode Island Department of Sta	te - Business	Services Di	ivision		FEB	2 1 2023	
Annual Report for the ye							
Corporation			•	_		1/1(n · -	
→ Filing period: January 1 - N	tarch 1			معمد الراب	- ·	116	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 ft	se if form is not fil	ed by April 1.		No.		_	
1. Entity ID Number	2. Exact name of the Corporation						
00000 7828	596 Lowscape & Construction Co. (NO State De 200) State De 2011 USEN R.I. De 2009						
3. Principal Office Address			City	- . .	State	Zip OZRIA	
1 with 5 ce				2 00/19			
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island AU ASPECTS OF TO USE USE UNGUNGE, SITO PROJE						
33120	t Rolated Woods						
5. State of Incorporation	2 KG	regree	Well				
7. List ALL officers (names and ad-	reseas)			Check th	e box to r	ndicate an attachment	
President Name			Vice-President Name SCOW Gylo				
Street Address Street							
31 DUNGALE VILVE			Street Address USCULIA DOLLE				
Chy Chyvsbor	State	orgei	City CRA	vstov_	Sar R.Z	02900	
Secretary Name	360		Treasurer Name	sere Solo	,		
Street Address 31 DUBYIO DUTE			Street Address / Swar				
CHY CHESTSON	State	ERRE	City		State	ΖΊφ	
8. List ALL directors (names and a		Check th	e box to i	ndicate an attachment 🔲			
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zφ	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	<u> </u>	10. Shares Issu		Check th	e box to	ndicate an attachment 🔲	
This information is currently of report in the Department of State.		HUMBER OF SHARES		CLASSISSISSISSISSISSISSISSISSISSISSISSISSI		PAR VALUE	
Changes require an additional filing.		500		5 lock		5.00	
1		l					
11. This report must be executed of	on behalf of the co	poration by an au	thorized repres	entative. If the corpor	ation is in	the hands of a receiver or	
trustee, this report must be execut Under penalty of perjury, I decis	ed on behalf of the	comporation by the	e receiver or true of this report. In	isies. Icluding any accomu	anying s	chedules and	
statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative (LL) 4 145 5 16					Date	45.17,2022	
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