



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.

RECEIVED  
RI DEPT. OF STATE  
FEB 27 2023

1. Entity ID Number <b>129064</b>		2. Exact name of the Corporation <b>LANDSCAPE CREATIONS OF RHODE ISLAND, INC.</b>	
3. Principal Office Address <b>715 Mooresfield Road</b>		City <b>Saunderstown</b>	State <b>RI</b>
		Zip <b>02874</b>	
4. NAICS Code <b>561730</b>	6. Brief description of the character of business conducted in Rhode Island <b>To operate the business of a landscaping contractor, including masonry work related thereto.</b>		
5. State of Incorporation <b>RHODE ISLAND</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 Zeyl</b>		Vice-President Name	
Street Address <b>715 Mooresfield Road</b>		Street Address	
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	
Secretary Name <b>Jonathan Zeyl</b>		Treasurer Name <b>Jonathan Zeyl</b>	
Street Address <b>715 Mooresfield Road</b>		Street Address <b>715 Mooresfield Road</b>	
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Jonathan Zeyl</b>		Director Name	
Street Address <b>715 Mooresfield Road</b>		Street Address	
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	1.00
Changes require an additional filing.			
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 ZEYL, President</b>		Date <b>02/08/2023</b>	
Signature of Authorized Representative 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FEB 27 2023  
BY 25247  
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FORM 630 - Revised: 2/2023