



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 24 2023

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- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 59125		2. Exact name of the Corporation Gold Star Landscaping, Inc.			
3. Principal Office Address 6 Oakcrest Drive		City North Providence		State RI	Zip 02904
4. NAICS Code 812990	6. Brief description of the character of business conducted in Rhode Island Landscape design, installation and maintenance. Irrigation repair. Snow Plowing and sanding.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ralph S. Macari			Vice-President Name Lori Ann Macari		
Street Address 6 Oakcrest Drive			Street Address 6 Oakcrest Drive		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		400		Common Stock	
				None	
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 Lori Ann Macari				Date 2/6/2023	
Signature of Authorized Representative <i>Lori Ann Macari</i>					