



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.

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|--|-------------|--|---|------------------------|---------------------|
| 1. Entity ID Number 001683669 | | 2. Exact name of the Corporation Speranza Landscaping, Inc. | | | |
| 3. Principal Office Address 24 Pierce Street | | City Westerly | | State RI | Zip 02891 |
| 4. NAICS Code 561730 | | 6. Brief description of the character of business conducted in Rhode Island Landscaping | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Angelo Speranza | | | Vice-President Name Angelo Speranza | | |
| Street Address 24 Pierce Street | | | Street Address 24 Pierce Street | | |
| City Westerly | State RI | Zip 02891 | City Westerly | State RI | Zip 02891 |
| Secretary Name Angelo Speranza | | | Treasurer Name Angelo Speranza | | |
| Street Address 24 Pierce Street | | | Street Address 24 Pierce Street | | |
| City Westerly | State RI | Zip 02891 | City Westerly | State RI | Zip 02891 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Angelo Speranza | | | Director Name | | |
| Street Address 24 Pierce Street | | | Street Address | | |
| City Westerly | State RI | Zip 02891 | 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 1000 | CLASS/SERIES Common | PAR VALUE No Par |
| | | | | | |
| 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 Angelo Speranza | | | | Date 3-3-23 | |
| Signature of Authorized Representative | | | | | |

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