RI SOS Filing	Number: 202	2332195520	Date: 3/3	1/2023 4:00:00	PM		
State of Rhode Island		_					
Department of Stat	te - Business	Services Di	vision				
Annual Report for the yea	ر. آن	000					
$\cdot$			MAD 2 1 2022				
Corporation			MAR 3 1 2023 B(000				
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00					200		
→ Penalty: Additional \$25.00 fe			OWO.				
<u> </u>							
1. Entity ID Number 64395	2. Exact name of the Corporation M. Valelli Mulchwaks Landscope Construction, Inc.						
3. Principal Office Address 63 Dellwood Rd.			City Cr	anston	State	02920	
4. NAICS Code	6. Brief description	n of the character	of business c	onducted in Rhode Is	land		
.561730	Business of general landscape and construction service						
5. State of Incorporation	Dusiness of general			at landscape and construction services.			
O(1)							
7. List ALL officers (names and add	Check the box to indicate an attachment ☐  Vice-President Name						
Gina M. Valelli			NONE				
Street Address 63 Dellu	ood Rd.		Street Address				
city Cranston	State RI	Zip 0 2920	City		State	Zıp	
Secretary Name			Treasurer Name NONE				
NONE							
Street Address			Street Address				
City	State	Zip	City		State	<i>7</i> ·p	
8. List ALL directors (names and ad	Check	the box to indic	cate an attachment				
Director Name			Director Name				
NONE Street Address			NONE Street Address				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
		<u> </u>			<u> </u>		
Director Name NoNE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		10.0			<u>.i.</u>		
		10. Shares Issue		Check CLASS/SERIES		par va. ue	
Department of State.		NIANIE					
Changes require an additional filing.		NONE					
11. This report must be executed or	behalf of the cor	poration by an aut	horized repres	entative. If the corpo	ration 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 , , Date							
					1 21	1	
Gina N	<u></u>				<u>၂ ၁ ႀ</u>	0/23	
Signature of Authorized Representa	itive				•	1	

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

M. Valelli

Phone: (401) 222-3040 Website: www.sos.ri.gov