



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.

MAR 31 2023

8600 ✓

1. Entity ID Number 66395		2. Exact name of the Corporation M. Valelli Muldwaks Landscape Construction, Inc.			
3. Principal Office Address 63 Dellwood Rd.		City Cranston		State RI	Zip 02920
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Business of general landscape and construction services.			
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 Gina M. Valelli			Vice-President Name NONE		
Street Address 63 Dellwood Rd.			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
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 NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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 NONE		CLASS/SERIES	PAR VA. UE
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 Gina M. Valelli				Date 3/20/23	
Signature of Authorized Representative Gina M. Valelli					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023