



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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 BUS SVCS DIV
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 USE ONLY

2023 MAY 16 A 11:41

1. Entity ID Number 000306054		2. Exact name of the Corporation MULCH 'N MORE, INC.			
3. Principal Office Address 17 RESERVOIR ROAD			City COVENTRY		State RI
			Zip 02816		
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE GENERAL LANDSCAPE SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL P. BAIRD			Vice-President Name		
Street Address 17 RESERVOIR ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name MICHAEL . BAIRD			Treasurer Name		
Street Address 17 RESERVOIR ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			600		
			STK		
			0.01		
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 Albert E. Medici, Jr., Esq.					Date 4/15/23
Signature of Authorized Representative 					

FILED

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

MAY 16 2023
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