



State of Rhode Island

Department of State - Business Services Division

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2023 JUL 10 P 3:33

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.

FILED
JUL 19 2023
BY 1233-1234

1. Entity ID Number 000139308		2. Exact name of the Corporation Masson Landscaping, Inc.	
3. Principal Office Address 180 Sand Plains Trail		City Wakefield	State RI
		Zip 02879	
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island To perform landscaping, lawn maintenance, lawn installation, irrigation and light excavation		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Holly J. Masson		Vice-President Name Patrick D. Masson	
Street Address 180 Sand Plains Trail		Street Address 180 Sand Plains Trail	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Secretary Name Holly J. Masson		Treasurer Name Anna P. Masson	
Street Address 180 Sand Plains Trail		Street Address 180 Sand Plains Trail	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Holly J. Masson		Director Name Patrick D. Masson	
Street Address 180 Sand Plains Trail		Street Address 180 Sand Plains Trail	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Director Name Anna P. Masson		Director Name	
Street Address 180 Sand Plains Trail		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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.		NUMBER OF SHARES	CLASSIFICATION
Changes require an additional filing.		100.00	CNP
			\$0.0000
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 Holly J. Masson			Date 7-1-23
Signature of Authorized Representative <i>Holly J. Masson</i>			

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