



State of Rhode Island  
Department of State - Business Services Division

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BUS SVCS DIV

2023 JUL 21 P 12:54

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.

1. Entity ID Number 001709634		2. Exact name of the Corporation TERRANOVA LANDSCAPING CORP			
3. Principal Office Address 15 MAPLEHURST AVE FL 2			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING AND LAWNCARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name HENRY ESCALANTE			Vice-President Name NONE		
Street Address 21 SPOKANE ST			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name HENRY ESCALANTE			Treasurer Name HENRY ESCALANTE		
Street Address 21 SPOKANE ST			Street Address 21 SPOKANE ST		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name HENRY ESCALANTE			Director Name		
Street Address 21 SPOKANE ST			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		NONE		PNP	0.000
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. <b>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.</b>					
Name of Authorized Representative HENRY ESCALANTE				Date 7/27/23	
Signature of Authorized Representative 					

FILED

AUG 23 2023

BY KLZP  
A.A. 12:21 pm.