RI SOS Filing Number: 202445088500 Date: 1/30/2024 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** STARP Annual Report for the year: 2024 Corporation → Filing period: February 1 - May 1 # 30 pm11 → Filing Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation Mather & Page Landscape Architects, Inc. 001684457 3. Principal Office Address State 135 West Allenton Road **North Kingstown** 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 541320 Landscape architects. 5. State of Incorporation 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name Jacob Mather Street Address Street Address 135 West Allenton Road State City Zip State Zip **North Kingstown** RI 02852 Secretary Name Treasurer Name Jacob Mather Charles Page, III Street Address Street Address 135 West Allenton Road 135 West Allenton Road State Zip City State Zip 02852 North Kingstown RI **North Kingstown** RI 02852 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Jacob Mather Charles Page, III Street Address Street Address 135 West Allenton Road 135 West Allenton Road State Zip City State Zip North Kingstown RI 02852 **North Kingstown** RI 02852 **Director Name** Director Name Street Address Street Address State City Zip State Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES This information is currently of record in the CLASS/SERIES PAR VALUE Department of State. 200 **Common Shares** 0.01 par value Changes require an additional filing.

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

Signature of Authorized Representative

Division of Business Services

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

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

Jacob Mather

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