



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RHODES BSO
24 JAN 31 AM 8:57:41

1. Entity ID Number <u>1168184</u>		2. Exact name of the Corporation <u>Nelson Landscaping Inc.</u>			
3. Principal Office Address <u>601 Salter St</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02908</u>
4. NAICS Code <u>812930</u>		6. Brief description of the character of business conducted in Rhode Island <u>General Landscaping Inc.</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Nelson Morataya</u>			Vice-President Name		
Street Address <u>601 Salter St</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Secretary Name			Treasurer Name		
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			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>0</u>	CLASS/SERIES <u>CNP</u>	PAR VALUE <u>0</u>
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 <u>Nelson Morataya</u>					Date <u>1/31/24</u>
Signature of Authorized Representative <u>Nelson Morataya</u>					FILED <u>64 H82</u> JAN 31 2024

MAIL TO:
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