



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.

FILED
FEB 09 11
BY [Signature] 3830

1. Entity ID Number 000059517		2. Exact name of the Corporation David Meloni Landscaping, Inc.			
3. Principal Office Address 104 Waite Avenue			City Cranston	State RI	Zip 02905
4. NAICS Code 6812199		6. Brief description of the character of business conducted in Rhode Island To own and operate a landscaping company and do all things incidental thereto.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David J. Meloni			Vice-President Name Same as President		
Street Address 104 Waite Avenue			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name Same as President			Treasurer Name Same as President		
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 None			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	
		500		CNP	
				PAR VALUE	
				\$0.00	
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 David J. Meloni, President					Date 2/6/2024
Signature of Authorized Representative <i>David J. Meloni</i>					

MAIL TO:
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