



**State of Rhode Island  
Department of State - Business Services Division**

FEB 14 2024

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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.

|   |                    |   |   |  |  |
|---|--------------------|---|---|--|--|
| 1. Entity ID Number<br><b>001747202</b>   |                    | 2. Exact name of the Corporation<br><b>Mattzer Landscaping, Inc.</b>  |   |  |  |
| 3. Principal Office Address<br><b>69 SYMONDS AVENUE</b>   |                    |   | City<br><b>WARWICK</b>                            | State<br><b>RI</b>   | Zip<br><b>02889</b>  |
| 4. NAICS Code<br><b>561730</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>LANDSCAPING SERVICES AND ANY OTHER ACTS OR THINGS<br/>RELATIVE THERETO PERMISSIBLE BY LAW</b> |   |  |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                    |   |   |  |  |
| 7. List ALL officers (names and addresses)  |                    |   |   |  | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><b>ADAN R. ASTURIAS MATTZER</b>   |                    |   | Vice-President Name<br><b>GISELDA MATTZER</b>     |  |  |
| Street Address<br><b>69 SYMONDS AVENUE</b>  |                    |   | Street Address<br><b>69 SYMONDS AVENUE</b>        |  |  |
| City<br><b>WARWICK</b>  | State<br><b>RI</b> | Zip<br><b>02889</b>   | City<br><b>WARWICK</b>                            | State<br><b>RI</b>   | Zip<br><b>02889</b>  |
| Secretary Name<br><b>GISELDA MATTZER</b>  |                    |   | Treasurer Name<br><b>ADAN R. ASTURIAS MATTZER</b> |  |  |
| Street Address<br><b>69 SYMONDS AVENUE</b>  |                    |   | Street Address<br><b>69 SYMONDS AVENUE</b>        |  |  |
| City<br><b>WARWICK</b>  | State<br><b>RI</b> | Zip<br><b>02889</b>   | City<br><b>WARWICK</b>                            | State<br><b>RI</b>   | Zip<br><b>02889</b>  |
| 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  |                    | 10. Shares Issued   |   | Check the box to indicate an attachment <input type="checkbox"/> |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES  |   | CLASS/SERIES   |  |
|   |                    | 100   |   | COMMON   |  |
|   |                    |   |   | 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. |                    |   |   |  |  |
| <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<br><b>ADAN R. ASTURIAS MATTZER</b>  |                    |   |   | Date<br><b>2/12/2024</b>   |  |
| Signature of Authorized Representative<br>  |                    |   |   |  |  |

**MAIL TO:**  
 Division of Business Services  
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