



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 001747202		2. Exact name of the Corporation Mattzer Landscaping, Inc.			
3. Principal Office Address 69 SYMONDS AVENUE			City WARWICK	State RI	Zip 02889
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING SERVICES AND ANY OTHER ACTS OR THINGS RELATIVE THERETO PERMISSIBLE BY LAW			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ADAN R. ASTURIAS MATTZER			Vice-President Name GISELDA MATTZER		
Street Address 69 SYMONDS AVENUE			Street Address 69 SYMONDS AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name GISELDA MATTZER			Treasurer Name ADAN R. ASTURIAS MATTZER		
Street Address 69 SYMONDS AVENUE			Street Address 69 SYMONDS AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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	
100		COMMON		\$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 ADAN R. ASTURIAS MATTZER				Date 2/12/2024	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised: 12/2023