



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: \$000.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 22 2024

BY

13154

1. Entity ID Number <b>59516</b>		2. Exact name of the Corporation <b>MATAESE LANDSCAPE CONST. INC.</b>	
3. Principal Office Address <b>66 VILLAGE AVE.</b>		City <b>CRANSTON</b>	State <b>R.I.</b>
Zip <b>02920</b>			
4. NAICS Code <b>561730</b>	6. Brief description of the character of business conducted in Rhode Island <b>LANDSCAPE CONSTRUCTION, MAINTENANCE AND SNOW PLOWING</b>		
5. State of Incorporation <b>R.I.</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Officer Name <b>ANTHONY MATAESE JR.</b>		Officer Name <b>SAME</b>	
Street Address		Street Address	
City	State	Zip	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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 on record in the Department of State.		Number of Shares	
Changes require an additional filing.		<b>1,000</b>	<b>COMM. NO</b>
			<b>NO</b>
		<b>PAR VALUE</b>	
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 <b>ANTHONY MATAESE JR. PRES.</b>		Date <b>2-20-2024</b>	
Signature of Authorized Representative <i>Anthony Mataese Jr.</i> <b>PRES.</b>			

MAIL TO:  
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