



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 26 2024

BY 76025

1. Entity ID Number 117650		2. Exact name of the Corporation D. GORMAN LANDSCAPING CO., INC.										
3. Principal Office Address 24 Hornbeam Road		City Coventry	State RI									
		Zip 02816										
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF LANDSCAPING											
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name David J. Gorman		Vice-President Name David J. Gorman										
Street Address 24 Hornbeam Road		Street Address 24 Hornbeam Road										
City Coventry	State RI	City Coventry	State RI									
	Zip 02816		Zip 02816									
Secretary Name David J. Gorman		Treasurer Name David J. Gorman										
Street Address 24 Hornbeam Road		Street Address 24 Hornbeam Road										
City Coventry	State RI	City Coventry	State RI									
	Zip 02816		Zip 02816									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">NUMBER OF SHARES</td> <td style="width:33%;">CLASS/SERIES</td> <td style="width:33%;">PAR VALUE</td> </tr> <tr> <td>1,000</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	COMMON	NO PAR VALUE			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000	COMMON	NO PAR VALUE										
Changes require an additional filing.												
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. GORMAN		Date February 23, 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