

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

2024

FILED

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

FEB 2	5) 20	124	
BY_			025

Penalty: Additional \$25 00 fee if form is not filed by May 31.													
	Entity ID Number 2 Exact name of the Corporation												
117650 D. GORMAN LANDSCAPING CO., INC.													
3 Principal Office Address					City				State		Zip		
24 Hornbeam Road						oventr	У		RI		02816		
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						r of business conducted in Rhode Island							
561730										_		\ .	
5. State of Inco	omoration	TO	ENGAG	ΕII	N THE BL	JSIN	ESS C)F I	LANDSCAPIN	G			
5. State of Incorporation RHODE ISLAND										i,			
7. List ALL officers (names and addresses)							Check the box to indicate an attachment						
President Name	David J. Gorm	d J. Gorman				Vice-President Name David J. Gorman							
<u> :- : </u>						1				· · · · · ·			
Street Address	24 Hornbeam F	Road			Stree	Street Address 24 Hornbeam Road							
City Coven	try	State	RI	Zıp	02816	City	Cove	ntn	v	State	Ri	02816	
		<u> </u>	<u> </u>		02.010						' ``	02010	
Secretary Name	David J. Gorm	an				Trea	surer Nar	ne[[David J. Gorma	an			
Street Address	Treel Address 24 Hornbeam Road					Street Acdress 24 Hornbeam Road							
City Covent	ry	Slate	RI	Zip	02816	City	Cove	ntr	y	State	RI	⁷ :02816	
						Check the box to indicate an attachment □							
8 List ALL directors (names and addresses)							tor Name		Check the box	to ind	icate an atta	achmen(L_1	
Director Name					Director Name								
Street Address					Street Address								
City		State	State Zip		City	City			State		Zip		
		<u> </u>	<u>. </u>										
Director Name						Director Name							
Street Address						C++-	نتدام الألام		· ·- · · ·				
Street Address					Street Address								
City		State		Zip	 	City				State		Zip	
1				-"						Cione		"	
9. Shares Aut	horized			10.	Shares Issu	ed			Check the bo	x to in	dicate an at	lachment \square	
	on is currently of reco	rd in th	e		NUMBER OF	SHARES			CLASS/SFRIFS		72	PAR VALUE	
Department of State. Changes require an additional filing.					1,000		0 -		COMMON	NO P		AR VALUE	
							═╌┼┖				<u> </u>		
·	J												
11. This repor	t must be executed o	n beha	of the cor	pora	tion by an au	thoriz	ed repre	sen	ntative. If the corners	ation is	un the hand	is of a re-	
ceiver or trust	ee, triis report must b	e exec	<u>cuted on ber</u>	nait (of the corpora	ation b	v the rec	ceivi	er or trustee				
Under penalt	ly of perjury, I decla	re and	affirm that	l ha	ve examine	d this	report.	incl	luding any accomp	anyin	g schedule	s and	
statements, a	ond that all statements on zed Representative	nts co	<u>ntained hei</u>	rein	are true and	corre	ct.	_					
			<u>/</u>							Date			
DAVID J. GORMAN								February 23, 2024					
Signeture of Authorized Representative													
W/34 P													
MAIL TO:													

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov