



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI SOS BSD  
24 FEB 28 PM 11:20:48

1. Entity ID Number <b>000098326</b>		2. Exact name of the Corporation <b>PRO LANDSCAPING, INC</b>	
3. Principal Office Address <b>1 LANSDOWNE RD</b>		City <b>WARWICK</b>	State <b>RI</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>FERTILIZATION BUSINESS</b>	
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ANTHONY RUSSO</b>		Vice-President Name <b>MARC RUSSO</b>	
Street Address <b>1 LANSDOWNE RD</b>		Street Address <b>1 LANSDOWNE RD</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
Secretary Name <b>ANTHONY RUSSO</b>		Treasurer Name <b>DIANA RUSSO</b>	
Street Address <b>1 LANSDOWNE RD</b>		Street Address <b>1 LANSDOWNE RD</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>WARWICK</b>	State <b>RI</b>
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized <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.		10. Shares Issued	
		NUMBER OF SHARES <b>100.00</b>	CLASS/SERIES <b>STK</b>
		PAR VALUE <b>\$ 0</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>DIANA RUSSO</b>		Date <b>11/13/23</b>	
Signature of Authorized Representative <b>Diana Russo</b>		FILED <b>11:21</b> <b>FEB 28 2024</b>	