State of Rhode Islan Department of St		ss Services D	ivision		-		
Annual Report for the year:	2023				. 4		
Corporation				24 R			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00							
→ Penalty: Additional \$25.00	ee if form is not f	filed by May 31.		 .			
Entity ID Number	2. Exact name of	of the Corporation	۸ ۸ . ۱۷	. 1	£ 00		
000098326	PRO	LANDSC	ALLING	e, INC	S E 11:		
3. Principal Office Address	RD		City	0,3(6)/	State	Zip	
1 LANSDOWNE	, ,			:RWICK	1	02999	
4. NAICS Code	·			s conducted in Rhode Is	land		
<u> </u>	I FERTI	UZATION	BI	SINFSS			
5. State of Incorporation	1 101011		100	VI P C 0 O			
RHODE ISLAND	<u> </u>				_		
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name ANTHONY RUSSO			MAKC KUSSU				
Street Address LANSDOWNE RD			Street Address LANS DOWNE RD				
City WARWICK	State R	Zip O 2989	City)ARWICK	State R	32898	
Secretary Name ANTHONY RUSSO			Treasurer Name DIANA RUSSO				
Street Address LANSJOWNE RJ			Street Address LANSDOWNE RD				
City WAR WICK	State RI	Zip 02898	City Wf	HRWICK.	State (82978	
List ALL directors (names and addresses) Director Name			Check the box to indicate an attachment Director Name				
			Silver 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 Issue	<u>.l</u> ed	Check the bo	 ox to indicate ar	attachment	
This information is currently of record in the Department of State.				CLASS/SERIES			
Changes require an additional filing.		100.	00	STK		, O	
11. This report must be executed of	on behalf of the co	rporation by an au	thorized rep	esentative If the corno	ration is in the h	ands of a re-	
ceiver or trustee, this report must l	<u>e executed on be</u>	half of the corpora	tion by the r	eceiver or trustee.			
Under penalty of perjury, I decia statements, and that all stateme				, including any accom	panying sched	iules and	
Name of Authorized Representative DIANA RUSSO					Date	3 23	
Signature of Authorized Representative							
digital of Authorized Repressi	Ola	na Ku	110	11:2	1		
MAIL TO: Division of Business Services				(C C C C C C C C C C C C C C C C C C C		 -	
148 W. River Street, Providence, Rhode Island 02904-2615							
Phone: (401) 222-3040 Website: www.sos.ri.gov				U	FORM 630	- Revised: 04/202	

BY S3967 FORM 630- Revised: 04/2023