



State of Rhode Island
Department of State - Business Services Division

FILED
 MAR 06 2024
 BY 5245

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.

1. Entity ID Number 000017902		2. Exact name of the Corporation Northern Landscape Corp.	
3. Principal Office Address 601 Putnam Pike		City Chepachet	State RI
		Zip 02814	
4. NAICS Code 541320	6. Brief description of the character of business conducted in Rhode Island General landscape business and any lawful business		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sean P. Condon		Vice-President Name Thomas J. Condon, III	
Street Address 688 Durfee Hill Road		Street Address 113 Joe Sweet Road	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
Secretary Name Thomas J. Condon, III		Treasurer Name Sean P. Condon	
Street Address 113 Joe Sweet Road		Street Address 688 Durfee Hill Road	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sean P. Condon		Director Name Thomas J. Condon, III	
Street Address 688 Durfee Hill Road		Street Address 113 Joe Sweet Road	
City Chepachet	State RI	City Chepachet	State RI
Zip 02814		Zip 02814	
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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		100	Common
		No Par	
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 SEAN P. CONDON			Date 1-31-24
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