



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	Zip 02814	City Chepachet	State RI	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	Zip 02814	City Chepachet	State RI	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	Zip 02814	City Chepachet	State RI	Zip 02814
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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. <i>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.</i>					
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