



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 12 2024

BY 1550
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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 531461		2. Exact name of the Corporation BRIDEN Nurseries and Landscape Management, Inc.			
3. Principal Office Address 1075 Scituate Avenue			City Cranston	State RI	Zip 02921
4. NAICS Code 11140		6. Brief description of the character of business conducted in Rhode Island Owning and operating a nursery for the wholesale and retail sales of nusery stock, and any other legal purpose.			
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 Dennis Muoio			Vice-President Name Brian Mathew Muoio		
Street Address 5 Brown Drive			Street Address 132 Rollingwood Drive		
City Johnston	State RI	Zip 02919	City North Kingstown	State RI	Zip 02852
Secretary Name Brian Mathew Muoio			Treasurer Name Dennis Muoio		
Street Address 132 Rollingwood Drive			Street Address 5 Brown Drive		
City North Kingstown	State RI	Zip 02852	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director 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 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	
		200		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 Dennis Muoio				Date 2/6/24	
Signature of Authorized Representative <i>Dennis Muoio</i>					

MAIL TO:
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Website: www.sos.ri.gov