



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**

MAR 15 2024

BY 1128

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 <u>000023470</u>	2. Exact name of the Corporation <u>Littlefield Landscaping, Inc.</u>
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3. Principal Office Address <u>1 Franklin Way</u>	City <u>North Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
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4. NAICS Code <u>561730</u>	6. Brief description of the character of business conducted in Rhode Island <u>Lawn + Shrub Care</u>
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5. State of Incorporation <u>Rhode Island</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Barbara A. Littlefield</u>			Vice-President Name <u>Kevin Littlefield Jr.</u>		
Street Address <u>1 Franklin Way</u>			Street Address <u>25 High View Drive</u>		
City <u>North Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>Smithfield</u>	State <u>RI</u>	Zip <u>02917</u>
Secretary Name <u>Barbara A. Littlefield</u>			Treasurer Name <u>Barbara A. Littlefield</u>		
Street Address <u>1 Franklin Way</u>			Street Address <u>1 Franklin Way</u>		
City <u>North Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>North Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name <u>None</u>			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

This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>300</u>	<u>Common</u>	<u>No Par</u>

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 <u>Barbara A. Littlefield</u>	Date <u>March 13, 2024</u>
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Signature of Authorized Representative <u>Barbara A. Littlefield</u>
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