



State of Rhode Island  
Department of State - Business Services Division

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.

FILED  
MAR 25 2024  
BY 4885

1. Entity ID Number 112848		2. Exact name of the Corporation Spring Green Landscape Masonry, Inc.			
3. Principal Office Address 592 South County Trail		City Exeter		State RI	Zip 02822
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island To engage in landscape and masonry business.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Paul D. Camara			Vice-President Name		
Street Address 592 South County Trail			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Secretary Name Paul D. Camara			Treasurer Name Paul D. Camara		
Street Address 592 South County Trail			Street Address 592 South County Trail		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Paul D. Camara			Director Name		
Street Address South County Trail			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		8000	STK	\$1.0	
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 Paul D. Camara				Date 3/12-2023	
Signature of Authorized Representative 					

MAIL TO:  
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