RI SOS Filing Number: 202449420900 Date: 3/25/2024 1:40:00 PM

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State of Rhode Island		ss Sandaas	Division			
Annual Report for the year:  Corporation	tment of State - Business Services Division for the year: 2024				STAME M	
Filing period: February 1 - Filing Fee: \$50.00	May 1				8EC'D '24 MAR	24
→ Penalty: Additional \$25.00 f	ee if form is not	filed by May 31.			<del>22</del> —	MAR MAR MAR MAR MAR MAR MAR MAR MAR MAR
1. Entity ID Number	2. Exact name of the Corporation Live Earth New England, Inc.				)05 B	D RID 25 Pr
Principal Office Address     Rocky Hill Road			City Rehob	City Rehoboth		2ip - 17 02769 22769
4. NAICS Code 541320	6. Brief description of the character of business conducted in Rhode Island Landscape construction and landscape maintenance.					
5. State of Incorporation MA	1					
7. List ALL officers (names and addresses)  Check the box to indicate an attachment of the box to indicate an attachment o						an attachment 🔲
President Name Scott Dalpe			Vice-President Name Dave Czech			
Street Address 250 County Street			Street Address 59 Winthrop Street			
<sup>City</sup> Rehoboth	State MA	<sup>Žip</sup> 02769	City Reh	oboth	State MA	Zip 02769
Secretary Name Beth Czech			Treasurer Name Tracy Dalpe			
Street Address 59 Winthrop Street			Street Address 250 County Street			
<sup>City</sup> Rehoboth	State MA	<sup>Zip</sup> 02769	City Rehoboth		State MA	<sup>Z</sup> 02769
List ALL directors (names and addresses)  Director Name			Check the box to indicate an attachment  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	<u> </u>	10. Shares Issu		Check the		an attachment
This Information is currently of record in the Department of State.		NUMBER OF	CANS		ics	PAR VALUE
Changes require an additional filing.				<u> </u>		
11. This report must be executed or ceiver or trustee, this report must b	e executed on b	ehalf of the corpor	ation by the r	receiver or trustee.		
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that ats contained b	at I have examine erein are true and	d this repor	t, including any acco	mpanying sch	edules and
Name of Authorized Representative Cindy Duarte					Date 3/14/2024	
Signature of Authorized Representative				FILED		
MAR 2.5 2024						
MAIL TO: Division of Business Services  148 W. River Street Providence. Rhode Island 02904-2615						

Phone: (401) 222-3040 Website: www.sos.n.gov FORM 630- Revised. 12/2023