



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

APR 11 2024

5145

- 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 161976		2. Exact name of the Corporation Native New England Landscapes, Inc.			
3. Principal Office Address 686 Ministerial Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscape design and construction			
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 Zachary J. Geaber			Vice-President Name Katherine Kelley		
Street Address 686 Ministerial Road			Street Address 686 Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Zachary J. Geaber			Treasurer Name Zachary J. Geaber		
Street Address 686 Ministerial Road			Street Address 686 Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Zachary J. Geaber			Director Name None		
Street Address 686 Ministerial Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Director Name None			Director Name None		
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
			100		Common
			No Par Value		
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 Zachary J. Geaber				Date 04/07 , 2024	
Signature of Authorized Representative 					