



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.

APR 11 2024

5145

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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	
		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. <b>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.</b>					
Name of Authorized Representative Zachary J. Geaber				Date 04/07, 2024	
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021