

**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.

MAY 21 2024

1064 2

1. Entity ID Number 001739133		2. Exact name of the Corporation CUTTING EDGE RI, INC.			
3. Principal Office Address 33B VENTURI GREEN			City NORTH PROVIDENCE	State RI	Zip 02904-7779
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING SERVICES			
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 STEVEN CLARK			Vice-President Name STEVEN CLARK		
Street Address 33B VENTURINI GREEN			Street Address 33B VENTURINI GREEN		
City NORTH PROVIDENC	State RI	Zip 02904	City NORTH PROVIDENC	State RI	Zip 02904
Secretary Name STEVEN CLARK			Treasurer Name STEVEN CLARK		
Street Address 33B VENTURINI GREEN			Street Address 33B VENTURINI GREEN		
City NORTH PROVIDENC	State RI	Zip 02904	City NORTH PROVIDENC	State RI	Zip 02904
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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 <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.			NUMBER OF SHARES		CLASS/SERIES
			1000		CN?
			PAR VALUE		
				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.					
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 Steven Clark					Date 5/16/24
Signature of Authorized Representative STEVEN CLARK					

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov