



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ 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 <u>001730213</u>		2. Exact name of the Corporation <u>Dubon Landscaping Inc</u>												
3. Principal Office Address <u>129 Pine Hill AV Johnston</u>			City <u>RI</u>	State <u>RI</u>	Zip <u>02919</u>									
4. NAICS Code <u>561130</u>		6. Brief description of the character of business conducted in Rhode Island <u>Dubon Landscaping</u>												
5. State of Incorporation <u>RI</u>														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name <u>Roski E dubon guirao</u>			Vice-President Name											
Street Address <u>129 Pine Hill AV</u>			Street Address											
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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 Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center; font-size: 1.5em;"><u>75</u></td> <td></td> <td style="text-align:center; font-size: 1.5em;"><u>0.00</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>75</u>		<u>0.00</u>			
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<u>75</u>		<u>0.00</u>												
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. FILED														
Name of Authorized Representative <u>Roski E dubon</u>			FILED JAN 23 2025		Date <u>1-23-25</u>									
Signature of Authorized Representative <u>Roski E dubon Guirao</u>			by <u>YSK7C</u>											

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov