



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 000076063		2. Exact name of the Corporation Magic Gardens, Inc.		2025 FEB -3 P 12:35	
3. Principal Office Address 173 Sauquatucket Road		City Wakefield	State R.I.	Zip 02879	
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island Design, Installation + Maintenance of specialized Gardens for Home + Commercial Landscapes				
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane D. Case			Vice-President Name SAME		
Street Address 173 Sauquatucket Rd			Street Address		
City Wakefield	State RI	Zip 02879	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 <input type="checkbox"/>					
Director Name NONE			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 <input type="checkbox"/>			
This information is currently of record in the Department of State. 8,000 \$.01 Par Value Changes require an additional filing.		NUMBER OF SHARES			
		CLASS/SERIES		PAR VALUE	
		NONE			
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 Jane D. Case				Date 2/1/2025	
Signature of Authorized Representative <i>Jane D. Case</i>				FILED FEB 03 2025 BY 1157 AA	