



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.

FILED

FEB 03 2025

BY 455 AA

1. Entity ID Number 000542073		2. Exact name of the Corporation Natural Site Solutions, Inc			
3. Principal Office Address 35 Holly Hill Lane			City Cranston	State RI	Zip 02921
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping and mulching Erosion control			
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 Deborah Hill-Muoio			Vice-President Name Deborah Hill-Muoio		
Street Address 35 Holly Hill Lane			Street Address 35 Holly Hill Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Deborah Hill-Muoio			Treasurer Name Deborah Hill-Muoio		
Street Address 35 Holly Hill Lane			Street Address 35 Holly Hill Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100 Shares		STK	0.01
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 Deborah Hill-Muoio				Date 1/29/25	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov