

FILED

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.

FEB 26 2025

BY

1. Entity ID Number 000059125		2. Exact name of the Corporation Gold Star Landscaping, Inc.			
3. Principal Office Address 6 Oakcrest Drive			City North Providence	State RI	Zip 02904
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Landscape design, installation and maintenance. Irrigation repair. Snow plowing and sanding.			
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 Ralph S. Macari			Vice-President Name Lori Ann Macari		
Street Address 6 Oakcrest Drive			Street Address 6 Oakcrest Drive		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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		
			400	Common Stock	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 Lori Ann Macari				Date 2/6/25	
Signature of Authorized Representative <i>Lori Ann Macari</i>					

## MAIL TO:

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