



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 26 2025

BY

[Handwritten signature]

| | | | | | |
|--|-------------|---|---|--------------|----------------|
| 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) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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) 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 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. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 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
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