



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.

REC'D RIDOS BSD
15 FEB 27 AM 10:39:13

1. Entity ID Number 000596517		2. Exact name of the Corporation Back To Basics Lawn Care, Inc.			
3. Principal Office Address 1833 Cranston Street		City Cranston	State RI	Zip 02920	
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Installation of new landscapes and hardscapes, including paving.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maax m Bert			Vice-President Name Maax m Bert		
Street Address 1833 Cranston Street			Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Maax Bert			Treasurer Name Maax Bert		
Street Address 1833 Cranston Street			Street Address 1833 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maax m Bert			Director Name		
Street Address 1833 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 800			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/SERIALS		
			PAR VALUE		
			100		
			Cnp		
			0		
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 Maax m Bert				Date 1/24/25	
Signature of Authorized Representative 					

FILED

FEB 27 2025

BY PR9AK

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