



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 27 2025

BY

4651

or

1. Entity ID Number 795927		2. Exact name of the Corporation FOUREVER GREEN TURF MANAGEMENT, INC.			
3. Principal Office Address 132 Rollingwood Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island For the purpose of residential and commercial turf management including but not limited to fertilization			
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 Brian Mathew Muoio			Vice-President Name Brian Mathew Muoio		
Street Address 132 Rollingwood Drive			Street Address 132 Rollingwood Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Brian Mathew Muoio			Treasurer Name Brian Mathew Muoio		
Street Address 132 Rollingwood Drive			Street Address 132 Rollingwood Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		common
					PAR VALUE
					no par
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 Brian Mathew Muoio					Date 2/24/25
Signature of Authorized Representative					

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