RI SOS Filing Number: 202566665190 Date: 3/5/2025 4:00:00 PM

Department of St		s Services D	ivision	FLE	D .,	•	
Annual Report for the year: Corporation	2025 MAR 0 5 7025 0/						
→ Filing period: February 1 -	- May 1			FINU	MG."		
Filing Fee: \$50.00	Iviay i			BY	T Y		
→ Penalty: Additional \$25.00 to	fee if form is not fi	iled by May 31.					
1. Entity ID Number	2. Exact name of	of the Corporation	~	^			
000/23789 3. Principal Office Address	P.R. M4	TERUS	+ Ga	epen (ball	CIN	Ø	
3. Principal Office Address 3. So 87 OUWLA	1 lane	lane		imshun	State RT)285 2	
4. NAICS Code	Brief description	_	r of busines	ss conducted in Rhode Is	land		
5. State of Lacorporation		Landscape Muterials Retail Garaen Center					
5. State of themporation	Re	tuil 6	a K Q	en cumer			
7. List ALL officers (names and addresses)				Check the bo	x to indicate a	n attachment 🗖	
President Name STEPHEN	BAKHUS			dent Name	ARNES	,	
Street Address 278 Nuti	Street Address 278 NUtick aul			78 Natick			
city WATWICK	State	² 82886	City W	anviek	State	02886	
Secretary Name			Treasurer	Name		- · · · · · · · · · · · · · · · · · · ·	
Street Address			Street Address				
City	State	Zip	City	,, <u></u>	State	Zip	
8. List ALL directors (names and a	iddresses)			Check the bo	x to indicate a	n attachment 🔲	
Director Name			Director Na				
Street Address			Street Address				
City	State	Sub	City		State	Zip	
Director Name			Director Na	зтте			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue		Check the bo	ox to indicate a	u an attachment □	
This information is currently of reco	rd in the	NUMBER OF SH	(ARES	CLASS/SERIES		PAR VALUE	
Department of State.		AMAKE		COMMON	\mathcal{N}	10 PAR	
Changes require an additional filing.		10 010					
11. This report must be executed o	n behalf of the cor	poration by an aut	horized rep	resentative. If the corpor	ation is in the	hands of a re-	
ceiver or trustee, this report must be Under penalty of perjury, I declar	be executed on beh	half of the corporat	tion by the i	receiver or trustee.			
statements, and that all statements	ents contained her	rein are true and	correct.	t managing any account		V0103 0110	
Name of Authorized Representative		Date 3/2/25					
Signature of Authorized Represent	tative				1 0'	<u> </u>	
) / / / /	BARNS	01				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov