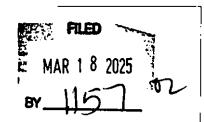


## State of Rhode Island

## Denartment of State - Business Services Division

9 1	2025
Annual Report for the year: Corporation	2025
Filing period: February 1	- May 1
→ Filing Fee: \$50.00	



Penalty: Additional \$2							<u></u>			
1. Entity ID Number		2. Exact name of the Corporation								
000116058	A.R.C. l	A.R.C. LANDSCAPING, INC.								
3. Principal Office Address			City		State	-	Zıp			
59B OAK STREET			Weste	erly	RI		02891			
4. NAICS Code	6. Brief descr	iption of the charac	ter of busine	ss conducted in Rhod	le Island					
561730	Landscar	Landscaping, excavating and lawn maintenance								
5. State of Incorporation	Zanaova	mig, oncavami	9 4110 1411	Trialine in a second						
RI										
7. List ALL officers (names a	nd addresses)				e box to ind	icate an a	attachment 🗖			
President Name Arcangelo Ferraro			Vice-President Name Arcangelo Ferraro							
Street Address 59B Oak Street			Street Address 59B Oak Street							
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State	RI	Zip 02891			
Secretary Name Arcangelo Ferraro			Treasurer Name Arcangelo Ferraro							
Street Address 59B Oak Street			Street Address 59B Oak Street							
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	City Westerly		State	RI	<sup>Z<sub>IP</sub></sup> 02891			
8. List ALL directors (names	and addresses)	<u> </u>			box to ind	icate an a	attachment 🗆			
Director Name Arcangelo	Ferraro		Director N	ame						
Street Address 59B Oak Street			Street Address							
City Westerly	State RI	<sup>Z<sub>ip</sub></sup> 02891	City		State		Zip			
Director Name		Director Name			1					
Street Address			Street Address							
City	State	Zip	City		State		Zip			
9. Shares Authorized	<del></del>	10. Shares Issu	L ued	Check the	l e box to ind	icate an	attachment 🔲			
This information is currently of record in the		NUMBER OF								
Department of State. Changes require an additional filing.		500	500			No Par				
11. This report must be execu		•			rporation is	in the har	nds of a re-			
ceiver or trustee, this report n Under penalty of perjury, I o statements, and that all sta	declare and affirm th	hat I have examine	d this repoi		ompanying	schedu	les and			
Name of Authorized Represe		rerein are une and	r correct.		Date	7.7				
Arcangelo Ferraro						14/1025				
Signalure of Authorized Repri	· /					<del>,</del> -				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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