



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

MAR 18 2025

BY

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1. Entity ID Number 000116058		2. Exact name of the Corporation A.R.C. LANDSCAPING, INC.			
3. Principal Office Address 59B OAK STREET		City Westerly		State RI	Zip 02891
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping, excavating and lawn maintenance			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arcangelo Ferraro			Vice-President Name Arcangelo Ferraro		
Street Address 59B Oak Street			Street Address 59B Oak Street		
City Westerly	State RI	Zip 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		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arcangelo Ferraro			Director Name		
Street Address 59B Oak Street			Street Address		
City Westerly	State RI	Zip 02891	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. 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		
			500	Common	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 Arcangelo Ferraro					Date 3/14/2025
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

FORM 630 Revised 12/2023