72 Y. C.	rae - Inc	
1		S
	Annual Corpor: → Fili → Per 1. Entity 0001	ng ing nal
	3. Princi 15 TA 4. NAICS	pa F
	23621 5. State RI	0
	7. List Al	
	Street Ad	ure

State of Rhode Island			
Department of State	- Business	Services	Division

teport for the year: 2025

Annual Report for the year: Corporation	2025		MAR 2.1 2025 \					
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			BY					
Entity ID Number	2. Exact name	2. Exact name of the Corporation						
0001751312	MND La	MND Landscaping Inc						
3. Principal Office Address		<u> </u>	City		State		Zip	
15 TAFT STREET, 1ST	FLOOR	LOOR		NTRY	RI		02816	
4. NAICS Code	6, Brief descri	ption of the charact	er of busines	ss conducted in R	hode Island			
236210	general labor, landscaping, fence installation							
5. State of Incorporation		gonora labor, landscaping, lence installation						
7. List ALL officers (names and ac	ldresses)	··		Chec	k the box to indic	ate an att	achment 🗆	
President Name MIA GUILMETTE			Vice-President Name NICHOLAS GUILMETTE JR					
Street Address 51 CORNELL STREET			Street Address 15 TAFT STREET 1ST FLOOR					
Crty CRANSTON	State RI	^{Zip} 02920	City CO	VENTRY	State	RI	Zip 02816	
Secretary Name MIA GUILMETTE			Treasurer Name NICHOLAS GUILMETTE JR					
Street Address 51 CORNELL STREET			Street Address 15 TAFT STREET 1ST FLOOR					
City CRANSTON	State RI	^{Zip} 02920	City CO	VENTRY	State F	રા	^{Zip} 02816	
8. List ALL directors (names and a	iddresses)				k the box to indic	ate an att	achment 🗆	
Director Name		Director Name						
Street Address			Street Address					
City	State	Zip	City	City			Zip	
Director Name			Director Na					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issu			k the box to indic	cate an att		
This information is currently of reco Department of State.	ord in the		NUMBER OF SHARES		SS/SERIES		PAR VALUE	
Changes require an additional filing.		51	51 49		0		ON	
		49					NON	
 This report must be executed ceiver or trustee, this report must 	be executed on l	behalf of the corpor	ation by the	receiver or truste	e			
Under penalty of perjury, I decla statements, and that all stateme			•	t, including any	accompanying	schedule	s and	
Name of Authorized Representative			Date					
NICHOLAS GUILMETTE JR				3/03/25				
Signature of Authorized Represen	tative >							
· / / / /// /								

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov FILED Silver 1