



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 21 2025

BY

1. Entity ID Number 0001751312		2. Exact name of the Corporation MND Landscaping Inc	
3. Principal Office Address 15 TAFT STREET, 1ST FLOOR		City COVENTRY	State RI
Zip 02816		6. Brief description of the character of business conducted in Rhode Island general labor, landscaping, fence installation	
4. NAICS Code 236210		5. State of Incorporation RI	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name MIA GUILMETTE		Vice-President Name NICHOLAS GUILMETTE JR	
Street Address 51 CORNELL STREET		Street Address 15 TAFT STREET 1ST FLOOR	
City CRANSTON	State RI	Zip 02920	City COVENTRY
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 COVENTRY
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
51		0	
49		0	
NON		NON	
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. <i>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.</i>			
Name of Authorized Representative NICHOLAS GUILMETTE JR		Date 3/03/25	
Signature of Authorized Representative 			