



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025
MAR 25 PM 12:21

1. Entity ID Number 001679449		2. Exact name of the Corporation Ground Covers Landscaping, INC.			
3. Principal Office Address 116 Potter Hill Rd			City Westerly	State RI	Zip 02891
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chad Trombino			Vice-President Name Chad Trombino		
Street Address 116 Potter Hill Rd.			Street Address 116 Potter hill Rd.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Chad Trombino			Treasurer Name Chad Trombino		
Street Address 116 Potter Hill Rd.			Street Address 116 Potter Hill Rd.		
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 Chad Trombino			Director Name		
Street Address 116 Potter Hill Rd.			Street Address		
City Westerly	State RI	Zip 202891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Chad Trombino					Date 3/17/2025
Signature of Authorized Representative <i>Chad Trombino</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 25 2025
BY **4 FWD**

FORM 630- Revised 12/2022