



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 12:21 PM

1. Entity ID Number <b>001679449</b>		2. Exact name of the Corporation <b>Ground Covers Landscaping, INC.</b>			
3. Principal Office Address <b>116 Potter Hill Rd</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>Landscaping Services</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Chad Trombino</b>			Vice-President Name <b>Chad Trombino</b>		
Street Address <b>116 Potter Hill Rd.</b>			Street Address <b>116 Potter hill Rd.</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Chad Trombino</b>			Treasurer Name <b>Chad Trombino</b>		
Street Address <b>116 Potter Hill Rd.</b>			Street Address <b>116 Potter Hill Rd.</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Chad Trombino</b>			Director Name		
Street Address <b>116 Potter Hill Rd.</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>202891</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES      CLASS/SERIES      PAR VALUE		
			8,000.00      cwp      1.0000		
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.					
<b>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.</b>					
Name of Authorized Representative <i>Chad Trombino</i>					Date <b>3/17/2025</b>
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](http://www.sos.ri.gov)

MAR 25 2025  
BY *4 FWD*

FORM 630- Revised 12/2022