



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

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

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>020891</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>8,000.00</b>	<b>cwp</b>	<b>1.0000</b>	
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 <b>Chad Trombino</b>					Date <b>3/17/2025</b>
Signature of Authorized Representative <i>C. Michael 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)

FILED  
MAR 25 2025  
BY 4FW 12:19pm  
FORM 630- Revised 12/2023