



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

REC'D RIDOS BSD
25 MAR 25 AM 9:58:21

STAMP

DO NOT
REPLACE
USE ONLY

1. Entity ID Number 001713877		2. Exact name of the Corporation KEYSTONE HARDSCAPES CORP.			
3. Principal Office Address 296 STONEY HOLLOW ROAD			City TIVERTON		State RI
			Zip 02878		
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPES AND HARDSCAPES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JEFFREY DZIEDZIC			Vice-President Name SAME		
Street Address 296 STONEY HOLLOW ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JEFFREY DZIEDZIC			Director Name		
Street Address 296 STONEY HOLLOW ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	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			
		100	0.10	CWP	
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 JEFFREY DZIEDZIC					Date 2/27/2025
Signature of Authorized Representative 					FILED