|   |   |                               |                     |                           | 22.25                  |                      |  |
|---|---|-------------------------------|---------------------|---------------------------|------------------------|----------------------|--|
| State of Rhode Island  Department of State - Business Services Division  Annual Report for the year: 2025 |   |                               |                     |                           | EC'D RIDUS             |                      |  |
| Corporation   | <del></del>   | <del> </del>                  |                     |                           | ŗ                      | 30)                  |  |
| Filing period: February   | y 1 - May 1   |                               |                     |                           | è                      | <u> </u>             |  |
| → Filing Fee: \$50.00<br>→ Penalty: Additional \$25   | : 00 too it toom in ni                                  | at filed by May 21            |                     |                           |                        | 1)                   |  |
| Penalty: Additional \$25     Entity ID Number   |   | e of the Corporation          |                     | <del></del>               | <u> </u>               |                      |  |
| 001775367   |   | ADAN & SON LANDSCAPING INC    |                     |                           |                        |                      |  |
| 3 Principal Office Address  |   |                               | City State Zip      |                           |                        |                      |  |
| 47 GRAND STREET   |   |                               | PROV                | IDENCE                    | RI                     | 02907                |  |
| 4. NAICS Code 99999999 5. State of Incorporation  | 6. Brief descr<br>LANDSC.                               | iption of the charac<br>APING | ter of busines      | ss conducted in Rho       | ode Island             | •                    |  |
| RHODE ISLAND  |   |                               |                     | _                         | -                      |                      |  |
| <ol><li>List ALL officers (names ar</li></ol>   | Check the box to indicate an attachment                 |                               |                     |                           |                        |                      |  |
| President Name ADAN CHINGO  |   |                               | Vice-President Name |                           |                        |                      |  |
| Street Address 47 GRAND STREET  |   |                               | Street Address      |                           |                        |                      |  |
| City PROVIDENCE   | State RI  | <sup>Zip</sup> 02907          | City                |                           | State                  | Zıp                  |  |
| Secretary Name  |   |                               | Treasurer Name      |                           |                        |                      |  |
| Street Address  |   |                               | Street Add          | ress                      | <del></del>            |                      |  |
| City  | State   | Zip                           | City                | <del></del>               | State                  | Zıp                  |  |
| 8. List ALL directors (names a  | and addresses)  |                               |                     | Check t                   | he hov to indicat      | e an attachment [    |  |
| Director Name   | Check the box to indicate an attachment   Director Name |                               |                     |                           |                        |                      |  |
|   |   |                               |                     |                           |                        |                      |  |
| Street Address  |   |                               | Street Add          | ress                      |                        |                      |  |
| City  | S:ate   | Zip                           | City                |                           | State                  | Ζιρ                  |  |
| Director Name   |   | <u>J</u>                      | Director Name       |                           |                        |                      |  |
| Street Address  | Street Address  |                               |                     |                           |                        |                      |  |
|   |   |                               |                     |                           |                        |                      |  |
| Cily  | State   | Zip                           | City                |                           | State Zip              |                      |  |
| 9. Shares Authorized  |   |                               |                     |                           |                        | ite an attachment. [ |  |
| This information is currently of record in the  |   |                               | NUMBER OF SHARES    |                           | CLASSISERIES PARIVALUE |                      |  |
| Department of State.  |   | 75                            |                     | CNP                       | 1P 00.00               |                      |  |
| Changes require an additional   | filing.   |                               | -                   |                           | +                      |                      |  |
| 11. This report must be execu   | uted on behalf of the                                   | corporation by an a           | authorized re       | I<br>presentative, If the | corporation is in      | the hands of a re-   |  |
| ceiver or trustee, this report r<br>Under penalty of perjury, I   | nust be executed on                                     | behalf of the corpo           | ration by the       | receiver or trustee.      |                        |                      |  |
| statements, and that all sta  |   |                               |                     | it, including any a       | Julian Jing 3          |                      |  |
| Name of Authorized Representative   |   |                               |                     | FILED                     | Date                   |                      |  |

Signature of Authorized Representative

MAR 3 1 2025

FILED

MĂIL TO: **Division of Business Services** 

**ADAN CHINGO** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 03/24/2025