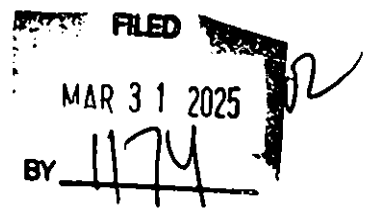


State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2025
 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 593231		2. Exact name of the Corporation RAPOSO LANDSCAPING INC.			
3. Principal Office Address 66 REDLAND AVENUE			City RUMFORD	State RI	Zip 02916
4. NAICS Code 238900	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI	LANDSCAPING				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/> X
President Name RAUL J RAPOSO			Vice-President Name STMT		
Street Address 66 REDLAND AVENUE			Street Address 66 REDLAND AVENUE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name RAUL J RAPOSO			Treasurer Name RAUL J RAPOSO		
Street Address 66 REDLAND AVENUE			Street Address 66 REDLAND AVENUE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name RAUL J RAPOSO			Director Name		
Street Address 66 REDLAND AVENUE			Street Address		
City RUMFORD	State RI	Zip 02916	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	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 					Date 3/26/25
Signature of Authorized Representative RAUL J RAPOSO					

MAIL TO:

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