RI SOS Filing Number: 202571066250 Date: 4/16/2025 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division  Annual Report for the year: 2025 Corporation					RECULATION OF THE COLORS	
	4 - B4ov 4				START (AND TOTAL)	
Filing period: February 1 - May 1 Filing Fee: \$50.00					8SD :45:	
Penalty: Additional \$25				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
1. Entity ID Number 001684457		ne of the Corporat age Landscape Ar				
3. Principal Office Address	Internet & P	age Lanuscape Ai	City	State	Zlp	
135 West Allenton Road			North Kingstown	RI	02852	
4. NAICS Code 541320		Brief description of the character of business conducted in Rhode Island  Landscape architects.				
5. State of Incorporation	candscape a	Lanuscape ar Critecis.				
RI			<u> </u>			
7. List ALL officers (names ar	d addresses)		1.2 2	Check the box to ind	icate an attachment	
President Name Jacob Mather			Vice-President Name			
Street Address 135 West Allenton Road			Street Address	Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip	
Secretary Name Lisa Frazier			Treasurer Name Charles Page, III			
Street Address 135 West Allenton Road			Street Address 135 West Allenton Road	Street Address		
City North Kingstown	State RI	Zlp 02852	City North Kingstown	State	Zip <b>02852</b>	
8. List ALL directors (names a	nd addresses)	[0000]	Troot at hangstown	Check the box to ind		
Director Name			Director Name			
Jacob Mather Street Address			Charles Page, III Street Address			
135 West Allenton Road			135 West Allenton Road			
City North Kingstown	State RI	Zlp <b>02852</b>	City	State RI	Zip	
Director Name		02032	North Kingstown Director Name	jra	02852	
Street Address			Street Address			
City	State	Zlp	City	State	ZIp	
O Chara Arthurs 4			· ·			
9. Shares Authorized This information is currently of record in the		10. Shares Is	Bued Check the box to indicate an attachment   Frances CLASS/SERIES PAR VALUE			
Department of State.  Changes require an additional filling.		200		Common Shares 0.01 par value		
		composition by an	authorized representative. If the	no compration is in the	hands of a receiver or	
trustee, this report must be ex-	ecuted on behalf of	the corporation b	y the receiver or trustee.		TIBINGS OF A TOCCIVOR OF	
Under penalty of perjury, I d statements, and that all state	eclare and affirm ements contained	that i have exami herein are true a	ned this report, including any and correct.	/ accompanying sch	edules and	
Name of Authorized Represent Jacob Mather	tative			Date	.07.2025	
Signature of Authorized Repre	sentative .		<u> </u>	FILED	- T 2-25	
X M			# ILLU			
MAIL TO: Division of Business Services	_			VPR 1,6 2025	-	
148 W. River Street, Providence, R Phone: (401) 222-3040	hode Island 02904-26	315	•	""\[\o\\		
Website: www.sos.n.gov			B'	$m{Y}$ $m{U}^{\!$	M 630 - Revised: 04/2023	