



State of Rhode Island
Department of State - Business Services Division

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 STATE OF RHODE ISLAND
 BUSINESS SERVICES DIVISION
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**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 001684457		2. Exact name of the Corporation Mather & Page Landscape Architects, Inc.			
3. Principal Office Address 135 West Allenton Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscape architects.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jacob Mather			Vice-President Name		
Street Address 135 West Allenton Road			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		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Jacob Mather			Director Name Charles Page, III		
Street Address 135 West Allenton Road			Street Address 135 West Allenton Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common Shares	0.01 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.					
<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 Jacob Mather					Date 04.07.2025
Signature of Authorized Representative 					FILED

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

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 FORM 630 - Revised: 04/2023