



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.

FILED

APR 14 2025

BY 5514

1. Entity ID Number 000017904		2. Exact name of the Corporation Northern Landscape Corp.			
3. Principal Office Address 601 Putnam Pike			City Chepachet	State RI	Zip 02814
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island General landscape business and any lawful business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Sean P. Condon			Vice-President Name Thomas J. Condon, III		
Street Address 601 Putnam Pike			Street Address 601 Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Thomas J. Condon, III			Treasurer Name Sean P. Condon		
Street Address 601 Putnam Pike			Street Address 601 Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Sean P. Condon			Director Name Thomas J. Condon, III		
Street Address 601 Putnam Pike			Street Address 601 Putnam Pike		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 SEAN P. CONDON				Date 4-7-25	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov