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	2. Exact name of the Corporation		
000017904	Northern Landscape Corp.		
3. Principal Office Address	City	State	Zip
601 Putnam Pike	Chepachet	RI	02814
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541320	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	Zip 02814	City	Chepachet	State	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	Zip 02814	City	Chepachet	State	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	Zip 02814	City	Chepachet	State	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
100	Common	No Par

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
SEAN P. CONDON	4-7-25
Signature of Authorized Representative	

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

FORM 630 - Revised: 2/2023