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.

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STAMP

1. Entity ID Number	2. Exact name of the Corporation
001700458	Keystone Landscaping & Painting, Inc.

3. Principal Office Address	City	State	Zip
846 Main Avenue	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561730	To engage in all activities related to the landscaping and painting businesses and any other lawful activity.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Peter J. Poulos			Vice-President Name: Peter J. Poulos		
Street Address: 846 Main Avenue			Street Address: 846 Main Avenue		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Peter J. Poulos			Treasurer Name: Peter J. Poulos		
Street Address: 846 Main Avenue			Street Address: 846 Main Avenue		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Peter J. Poulos			Director Name		
Street Address: 846 Main Avenue			Street Address		
City: Warwick	State: RI	Zip: 02886	City	State	Zip
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	3,000	Common	No 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
Peter J. Poulos	4/28/2025

Signature of Authorized Representative: Peter J. Poulos

FILED
APR 28 2025
BY 551 AA

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: 12/2023