



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

MAY 05 2025

BY

REC'D R.I. SOS
 25 MAY 13 11:22

1. Entity ID Number 35344		2. Exact name of the Corporation J. MORETTI LANDSCAPING, INC.			
3. Principal Office Address 26 Palm Street			City North Providence	State RI	Zip 02904
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscaping, maintenance, and construction.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name Joyce Mello			Vice-President Name		
Street Address 10 Garwaine Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Joyce Mello			Treasurer Name Joyce Mello		
Street Address 10 Garwaine Drive			Street Address 10 Garwaine Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		2000	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 JOYCE MELLO					Date 4-24-25
Signature of Authorized Representative <i>Joyce Mello</i>					

MAIL TO:
Division of Business Services
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