RI SOS Filing Number: 202573402560 Date: 5/19/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 19 2025 AM
BY
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R.I. DEPT. OF STATE
BUS SVCS DIV

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	2. Exact name of the Corporation
000162990	Ryan Associates Landscape Architecture & Planning, Inc.

2026 MAY 12 P 3:38

3. Principal Office Address	City	State	Zip
144 Moody Street, Building 4	Waltham	MA	02453

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541310	Landscaping, Architecture and Planning
5. State of Incorporation	
MA	

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

President Name	Vice-President Name
Thomas Ryan	
Street Address: 36 Percy Road	Street Address:
City: Lexington, State: MA, Zip: 02421	City, State, Zip:
Secretary Name	Treasurer Name: LAURA KNOST
Street Address	Street Address: 23 MILTON ST
City, State, Zip	City: ARLINGTON, State: MA, Zip: 02474

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 — 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
	~~0~~ 1000	N/A	~~N/A~~ NPV

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
~~Thomas Ryan~~ LAURA KNOST	X 5/13/2025
Signature of Authorized Representative	
X	

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