

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.

REC'D RIDOS BSD
 25 MAY 27 AM 11:28:40

1. Entity ID Number 000153506		2. Exact name of the Corporation IDEAL LANDSCAPE, INC			
3. Principal Office Address 7 QUAKER ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MATTHEW FANDETTI			Vice-President Name MATTHEW FANDETTI		
Street Address 7 QUAKER RD			Street Address 7 QUAKER RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name MATTHEW FANDETTI			Treasurer Name MATTHEW FANDETTI		
Street Address 7 QUAKER RD			Street Address 7 QUAKER RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CNP	0	
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 MATTHEW FANDETTI					Date 05/24/25
Signature of Authorized Representative MATTHEW FANDETTI					

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



FILED

MAY 27 2025

BY

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FORM 630 - Revised 12/2023

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