RI SOS Filing Number: 202574269810 Date: 5/30/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division						REC'D'A		
Annual Report for the year: 2 Corporation → Filing period: February 1 - 1 → Filing Fee: \$50.00 → Panally: Additional \$25.00 fe				38:38:0 1095 BSD 1095 BSD				
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation				<u> </u>		13		
ACETO PROPERTY SERVICES, INC								
3. Principal Office Address 7 WILLIAMS WAY			City . CRAN	STON	State RI		Zip 02921	
4. NAICS Code	1	ss conducted in Rhod						
541320	TO ENGAGE IN PROVIDING RESIDENTIAL AND/OR COMMERC					CIAL		
5. State of Incorporation RHODE ISLAND	LANDSCAPING							
7. List ALL officers (names and add	resses)		N. 5. 3	Check the	box to Ind	cate an atte	chment 🔲	
President Name FELIPPO ACETO				Vice-President Name DANTE ACETO				
Street Address 7 WILLIAMS WAY			Street Address 7 WILLIAMS WAY					
CRANSTON	State RI	^{Zip} 02921	CRANSTON		State	Rì	Zip 02921	
Secretary Name LUIGI ACETO				Treasurer Name JENNIFER ACETO				
Street Address 7 WILLIAMS WAY				Street Address 7 WILLIAMS WAY				
CRANSTON	State RI	^{Zip} 02921	CITY CRANSTON			RI	^{Zlo} 02921	
8. List ALL directors (names and addresses) Check the box to indicate an Director Name Director Name						icate an att	schment 🔲	
FELIPPO ACETO				Director Mains				
Street Address 7 WILLIAMS WAY				Street Address				
CRANSTON	State RI	^{Zip} 02921	City		Slate		Zlp	
Director Name			Director No	Director Name				
Street Address			Street Address					
City	State	Złp	City		State		Zip	
9. Shares Authorized	d la tha	10. Shares Issu	ed be	Check the		licate an att	achment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		100		COMMON		NONE		
			•					
11. This report must be executed on ceiver or trustee, this report must be					poration is	in the hand	s of a re-	
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 FELIPPO ACETO						Date 1 4/25/25		
Signature of Authorized Representative						LED		
MAIL TO:	felor	n fut	2	\$*************************************	AY 3 0 2	0025		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov