



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 RIDGES BSD
25 MAY 30 PM 3:38:42

FOR
FILING OF STATE
AND COUNTY

1. Entity ID Number 000093424		2. Exact name of the Corporation ACETO PROPERTY SERVICES, INC			
3. Principal Office Address 7 WILLIAMS WAY		City CRANSTON		State RI	Zip 02921
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN PROVIDING RESIDENTIAL AND/OR COMMERCIAL LANDSCAPING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name FELIPPO ACETO			Vice-President Name DANTE ACETO		
Street Address 7 WILLIAMS WAY			Street Address 7 WILLIAMS WAY		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name LUIGI ACETO			Treasurer Name JENNIFER ACETO		
Street Address 7 WILLIAMS WAY			Street Address 7 WILLIAMS WAY		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name FELIPPO ACETO			Director Name		
Street Address 7 WILLIAMS WAY			Street Address		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	COMMON	NONE
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 FELIPPO ACETO					Date 4/25/25
Signature of Authorized Representative <i>Felippo Aceto</i>					FILED

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

MAY 30 2025

BY LKS 2860
FORM 600 Revised: 12/2023