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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2025 JUL -2 A 10:46

1. Entity ID Number	2. Exact name of the Corporation		
001739133	CUTTING EDGE RI, INC.		
3. Principal Office Address	City	State	Zip
33B VENTURI GRN	NORTH PROVIDENCE	RI	02904-7779
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
561730			
5. State of Incorporation			
RI	LANDSCAPING SERVICES		

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

President Name	Vice-President Name
STEVEN CLARK	STEVEN CLARK
Street Address: 33B VENTURINI GREEN	Street Address: 33B VENTURINI GREEN
City: NORTH PROVIDENC / State: RI / Zip: 02904	City: NORTH PROVIDENC / State: RI / Zip: 02904
Secretary Name: STEVEN CLARK	Treasurer Name: STEVEN CLARK
Street Address: 33B VENTURINI GREEN	Street Address: 33B VENTURINI GREEN
City: NORTH PROVIDENC / State: RI / Zip: 02904	City: NORTH PROVIDENC / State: RI / Zip: 02904

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

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
1000	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

Date 6/30/25

Signature of Authorized Representative
STEVEN CLARK

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
JUL 02 2025
BY

FORM 630 - Revised: 12/2023