RI SOS Filing Number: 202578109950 Date: 9/8/2025 11:52:00 AM

State of Rhode Island Department of State - Business Services Division							
Annual Report for the year: 2023 Corporation				PECTIVET C.I. CEPTICE S EUSISTOS			
Filling period. February 1 - May 1						S .	
Filing Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by May 31.				2025 1:44 12 P 1: 22			
1. Entity ID Number 001693950	2. Exact name of	2. Exact name of the Corporation MAP Landscaping, Inc.					
3. Principal Office Address City State Zip							
19 Vacca Street			Johnst	ton	RI	02919	
4. NAICS Code 561730	· ·	Brief description of the character of business conducted in Rhode Island					
State of Incorporation	_ Hirascapi	Landscaping					
03-15-2019							
7. List ALL officers (names and ad	Check the box to indicate an attachment Vice-President Name						
President Name Michael A. Picerno							
Street Address 19 Vacca Stree				Street Address			
^{City} Johnston	State RI	^{Z:p} 02919	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Stree: Address				
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zio	
8. List ALL directors (names and addresses) Check the box to indicate a falteshment Director Name Director Name							
Director Name None				·	- 1	SY.CE	
Street Address			Street Address		8	CS TYPE	
City	State	Zip	City		State	Zip Trick	
Director Name			Director Name				
Stree! Address			Street Acdress				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu		Check the t		ate an attachment PAR VALUE	
This information is currently of reco Department of State.	ora in the	8000	SPANES.	CWP	ĭ	0100	
Changes require an additional filing.							
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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 / /							
Michael Picerno	<u> </u>				5/	4/25	
Signature of Authorized Representative 11:574							
MAIL TO:			FILED				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov BY 57A4C