State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
75977	M-O-N Landscaping, Inc.			
3. Street Address Principal Business Office		City	State	Zip
678 State Road, P.O. Box 70220		North Dartmouth	MA	02747
4. Business Phone No.	5. State of Incorporation			
508-679-3994	Massachusetts			

6. Brief Description of the Character of Business Conducted in Rhode Island
To carry on the business of landscapers and landscaping.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Fernando Sousa			Mario Sousa		
Street Address			Street Address		
210 Oak Street			546 Old Westport Road		
City	State	Zip	City	State	Zip
Swansea	MA	02777	North Dartmouth	MA	02747
Secretary Name			Treasurer Name		
Fernando Sousa			Mario Sousa		
Street Address			Street Address		
210 Oak Street			546 Old Westport Road		
City	State	Zip	City	State	Zip
Swansea	MA	02777	North Dartmouth	MA	02747

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Fernando Sousa			Mario Sousa		
Street Address			Street Address		
same as above			same as above		
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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	common	no par value

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.

[redacted]

FILED
File Date FEB 12 2009
Check No. 97885
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 2/6/09
Signature *Date*

Fernando Sousa
Print or Type Name

President
Title

Form 630 Rev. 08/08