

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 2010

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

1. Corporate ID No. 122930	2. Name of Col PEREIRA	2. Name of Corporation PEREIRA BROS. LANDSCAPING INC.				
3. Street Address Principal Business Office 108 ARLINGTON AVENUE			City WARREN	State RI	Zip 02885	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Characte LANDSCAPING SERVICE	ES				<u> </u>	
7. NAMES AND ADDRESSE	S OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
JOSEPH L. PEREIRA			HENRY V. PEREIRA			
Street Address 65 ELM AVENUE			Street Address 126 SOWAMS ROAD			
EAST PROVIDENCE	State RI	^{Дір} 02916	EARRINGTON	State RI	^{Zip} 02806	
Secretary Name HENRY V. PEREIRA			Treasurer Name JOSEPH L. PEREIRA			
Street Address 126 SOWAMS ROAD			Street Address 65 ELM AVENUE			
City BARRINGTON	State RI	^{Zip} 02806	City EAST PROVIDENC		^{Zip} 02916	
Director Name JOSEPH L. PEREIRA	S OF THE DIRI	ECTORS: ("X" BOX FOR ATT	TACHMENT) T FILL IN Director Name HENRY V. PEREIR		G ATTACHMENTS	
Street Address			Street Address			
65 ELM AVENUE			126 SOWAMS ROAD			
City	State	Zip	Cuy	State	Zip	
EAST PROVIDENCE] RI	02916	BARRINGTON	RI	02806	
Oirector Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	Сиу	State	Zip	
). SHARES AUTHORIZED		l 		 <i>("X" BOX FOR ATTACI</i> TION <u>MUST</u> BE COMPLETED	IMENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional fitting. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			200	COMMON	NO PAR VALUE	
This report must be executed his report must be executed	on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the co	orporation is in the hands	of a receiver or trustee,	
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File Date	2-16-2010
Check No	8191
By:	mnc
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the including any accompanying schedules and state contained herein are true and correct.	nat I have examined this report, ements, and that all statements
poph 1. Perli.	2/10/00
Signature -	Date *
JOSEPH L. PEREIRA	
Print or Type Name	
PRESIDENT	
Title	