



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 75977		2. Exact name of the Corporation M-O-N Landscaping, Inc.		
3. Principal office address 678 State Road, P.O. Box 70220		City North Dartmouth	State MA	Zip 02747
4. Business Phone No. (508) 679-3994		5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island To carry on the business of landscapers and landscaping.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Fernando Sousa		Vice-President Name Mario Sousa		
Street Address 210 Oak Street		Street Address 546 Old Westport Road		
City Swansea	State MA	Zip 02777	City North Dartmouth	Zip 02747
Secretary Name Fernando Sousa		Treasurer Name Mario Sousa		
Street Address same as above		Street Address same as above		
City	State	Zip	City	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Fernando Sousa		Director Name Mario Sousa		
Street Address same as above		Street Address same as above		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		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.

FILED

File Date **FEB 17 2012**
 Check No _____
 By **109372**

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.

Signature of Authorized Representative _____ Date **2/15/12**

Fernando Sousa, President

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY