



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. 96664		2. Exact name of the Corporation FOREVER GREEN LANDSCAPING, INC.			
3. Principal office address 73 GROSVENOR AVENUE		City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. (401) 434-0935		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE LANDSCAPING SERVICES					
President Name MARGARIDA M. MEDEIROS			Vice-President Name MARGARIDA M. MEDEIROS		
Street Address 73 GROSVENOR AVENUE			Street Address 73 GROSVENOR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name MARGARIDA M. MEDEIROS			Treasurer Name MARGARIDA M. MEDEIROS		
Street Address 73 GROSVENOR AVENUE			Street Address 73 GROSVENOR AVENUE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name MARGARIDA M. MEDEIROS			Director Name NONE		
Street Address 73 GROSVENOR AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
100 SHARES		COMMON		NO PAR	

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

JUN 29 2012

02 173901

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.

Margarida M. Medeiros 6-27-12
Signature of Authorized Representative Date

MARGARIDA M. MEDEIROS

President

Print or Type Name of Authorized Representative

PAID
ck 7/1/12