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 2014

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.	2. Exact name of the Corporation
75977	M-O-N Landscaping, Inc.

3. Principal office address	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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Fernando Sousa	Mario Sousa
Street Address: 210 Oak Street	Street Address: 546 Old Westport Road
City: Swansea, State: MA, Zip: 02777	City: North Darmouth, State: MA, Zip: 02747
Secretary Name: Fernando Sousa	Treasurer Name: Mario Sousa
Street Address: same as above	Street Address: same as above
City, State, Zip	City, State, Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Fernando Sousa	Marios Sousa
Street Address: same as above	Street Address: 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	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 03 2014

BY

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: 5/29/14

Fernando Sousa, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012