



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 2015

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. 122930		2. Exact name of the Corporation PEREIRA BROS. LANDSCAPING INC.					
3. Principal office address 108 ARLINGTON AVENUE				City WARREN		State RI	Zip 2885
4. Business Phone No. (401) 434-4934				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island LANDSCAPING SERVICES							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name JOSEPH L. PEREIRA				Vice-President Name HENRY V. PEREIRA			
Street Address 65 ELM AVENUE				Street Address 126 SOWAMS ROAD			
City EAST PROVIDENCE		State RI	Zip 02916	City BARRINGTON		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 PROVIDENCE		State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name JOSEPH L. PEREIRA				Director Name HENRY V. PEREIRA			
Street Address 65 ELM AVENUE				Street Address 126 SOWAMS ROAD			
City EAST PROVIDENCE		State RI	Zip 02916	City BARRINGTON		State RI	Zip 02806
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City		State	Zip	City		State	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
				200	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

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.

Joseph Pereira 11/30/15
 Signature of Authorized Representative _____ Date _____

JOSEPH L. PEREIRA, PRESIDENT

Print or Type Name of Authorized Representative

FILED

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