

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 2016

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. 000593231		2. Exact name of the Corporation RAPOSO LANDSCAPING INC.			
3. Principal office address 66 REDLAND AVENUE			City RUMFORD	State RI	Zip 02916
4. Business Phone No. 401-480-5651		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island LANDSCAPING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name RAUL J RAPOSO			Vice-President Name RAUL J RAPOSO		
Street Address 66 REDLAND AVENUE			Street Address 66 REDLAND AVENUE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
Secretary Name RAUL J RAPOSO			Treasurer Name RAUL J RAPOSO		
Street Address 66 REDLAND AVENUE			Street Address 66 REDLAND AVENUE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name RAUL J RAPOSO			Director Name		
Street Address 66 REDLAND AVENUE			Street Address		
City RUMFORD	State RI	Zip 02916	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)		
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	COMMON	

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.

FILED

MAR 02 2016

Raul Raposo 2-24-16
 Signature of Authorized Representative Date

RAUL J. RAPOSO
 Print or Type Name of Authorized Representative

BY 1465 DS