



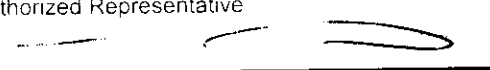
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 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. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island To carry on the business of landscapers and landscaping.			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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	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) Check the box to indicate an attachment ☐					
Director Name Fernando Sousa			Director Name Mario 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1,000	CLASS/SERIES common	PAR VALUE no par value
11. 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. 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.					
Name of Authorized Representative Fernando Sousa, President					Date 1/25/17
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JAN 30 2017
BY **219290**

FORM 630 - Revised: 10/2016