



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 94204		2. Exact name of the Corporation A.P. LEITAO & SONS LANDSCAPING, INC.			
3. Principal Office Address 68 Hollister Road		City Seekonk		State MA	Zip 02771
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island to conduct business of landscaping and snow plowing				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maurino Leitao			Vice-President Name Antonio P. Leitao, Jr.		
Street Address 3 Cardosi Court			Street Address 3 Cardosi Court		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Maurino Leitao			Treasurer Name Antonio P. Leitao, Jr.		
Street Address 3 Cardosi Court			Street Address 3 Cardosi Court		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio P. Leitao, Jr.			Director Name Maurino Leitao		
Street Address 3 Cardosi Court			Street Address 3 Cardosi Court		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		common		no par	
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 Maurino Leitao					Date 2-1-17
Signature of Authorized Representative					
SIGN DOCUMENT HERE FEB 23 2017					

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

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