



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JAN 19 2018

BY 3419

Annual Report for the year: 2018
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 104519		2. Exact name of the Corporation FERRAZ LANDSCAPING SERVICES, INC.			
3. Principal Office Address 94 Dewolf Avenue			City Bristol		State RI
			Zip 02809-0000		
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island landscaping services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Walter Ferraz			Vice-President Name Walter Ferraz		
Street Address 94 Dewolf Avenue			Street Address 94 Dewolf Avenue		
City Bristol		State RI	Zip 02809-	City Bristol	
				State RI	
				Zip 02809-	
Secretary Name Walter Ferraz			Treasurer Name Walter Ferraz		
Street Address 94 Dewolf Avenue			Street Address 94 Dewolf Avenue		
City Bristol		State RI	Zip 02809-	City Bristol	
				State RI	
				Zip 02809-	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Walter Ferraz			Director Name none		
Street Address 94 Dewolf Avenue			Street Address none		
City Bristol		State RI	Zip 02809-	City none	
				State none	
				Zip none	
Director Name none			Director Name none		
Street Address none			Street Address none		
City none		State none	Zip none	City none	
				State none	
				Zip none	
9. Shares Authorized		10. Shares Issued 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.		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 Walter Ferraz				Date 1/02/2018	
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.n.gov