



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

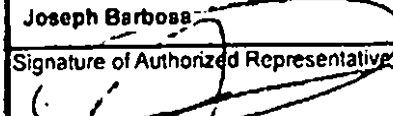
Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 27 AM 10:17

1. Entity ID Number 000524921		2. Exact name of the Corporation Green Acres Landscape & Construction Co., Inc.			
3. Principal Office Address 21 Malbone Street		City Lakeville	State MA	Zip 02347	
4. NAICS Code 237310		5. Brief description of the character of business conducted in Rhode Island General Contractor, Heavy Highway, Parks Athletic Fields, Drainage, Landscaping			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Barbosa			Vice-President Name		
Street Address 21 Malbone Street			Street Address		
City Lakeville	State MA	Zip 02347	City	State	Zip
Secretary Name			Treasurer Name Brenda A. Barbosa		
Street Address			Street Address 21 Malbone Street		
City	State	Zip	City Lakeville	State MA	Zip 02347
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Barbosa			Director Name Brenda A. Barbosa		
Street Address 21 Malbone Street			Street Address 21 Malbone Street		
City Lakeville	State MA	Zip 02347	City Lakeville	State MA	Zip 02347
Director Name			Director Name		
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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1,000	Common	\$0.00
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 Joseph Barbosa					Date 2/5/18
Signature of Authorized Representative 					

SOS - DOCL. T-17 REA

FILED

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

FEB 27 2018

FORM 630 - Revised: 10/2017

BY **325379**
AA 10:19 AM