RI SOS Filing Number: 201859215520 Date: 2/27/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 27 PM 1:39

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	2. Exact name of the Corporation
797830	SOTO BROTHERS LANDSCAPING, INC.

3. Principal Office Address	City	State	Zip
47 CEDAR SWAMP ROAD, UNIT 16	SMITHFIELD	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561730	TO PROVIDE MASONRY SERVICES AND LANDSCAPING SERVICES
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
SELVIN SOTO	95 PINE HILL AVENUE, REAR	JOHNSTON	RI	02919

Vice-President Name	Street Address	City	State	Zip
NIXON SOTO	95 PINE HILL AVENUE	JOHNSTON	RI	02919

Secretary Name	Street Address	City	State	Zip
NIXON SOTO	95 PINE HILL AVENUE	JOHNSTON	RI	02919

Treasurer Name	Street Address	City	State	Zip
NIXON SOTO	95 PINE HILL AVENUE	JOHNSTON	RI	02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
200	COMMON	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: NIXON SOTO, VICE-PRESIDENT

Date: 2/26/18

Signature of Authorized Representative: Nixon Soto V.P.

SIGN DOCUMENT HERE

FILED

FEB 27 2018

BY 325375

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

FORM 630 - Revised: 10/2017