



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

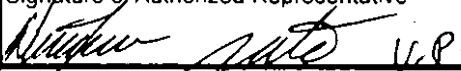
→ Filing period: January 1 - March 1

→ 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 PM 1:39

1. Entity ID Number 797830		2. Exact name of the Corporation SOTO BROTHERS LANDSCAPING, INC.			
3. Principal Office Address 47 CEDAR SWAMP ROAD, UNIT 16			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island 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 SELVIN SOTO			Vice-President Name NIXON SOTO		
Street Address 95 PINE HILL AVENUE, REAR			Street Address 95 PINE HILL AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name NIXON SOTO			Treasurer Name NIXON SOTO		
Street Address 95 PINE HILL AVENUE			Street Address 95 PINE HILL AVENUE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 NIXON SOTO, VICE-PRESIDENT					Date 2/26/18
Signature of Authorized Representative 					SIGN OFF HERE 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

BY 325375

FORM 630 - Revised: 10/2017