



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

FILED

Annual Report for the year: 2019
Corporation

JAN 09 2019
 BY 3755

- 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 1/07/2019		
Signature of Authorized Representative 								

MAIL TO:
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