



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

FOR  
SECRETARY OF STATE  
2019 MAR - 7  
CORPORATION  
02917  
14

1. Entity ID Number 797830		2. Exact name of the Corporation SOTO BROTHERS LANDSCAPING, INC.			
3. Principal Office Address 47 CEDAR SWAMP ROAD, UNIT 15			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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200 SHARES		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. <b>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.</b>					
Name of Authorized Representative NIXON SOTO, VICE-PRESIDENT				Date 02-27-19	
Signature of Authorized Representative <i>Nixon Soto</i>				FILED MAR 07 2019 BY <i>Q BY QF.</i> 1:14	

MAIL TO:  
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