



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 03 2019

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.

BY

2019
OK

1. Entity ID Number 96664		2. Exact name of the Corporation FOREVER GREEN LANDSCAPING, INC.					
3. Principal Office Address 73 GROSVENOR AVENUE		City EAST PROVIDENCE		State RI	Zip 02914		
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE LANDSCAPING SERVICES					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name MARGARIDA M. MEDEIROS			Vice-President Name MARGARIDA M. MEDEIROS				
Street Address 73 GROSVENOR AVENUE			Street Address 73 GROSVENOR AVENUE				
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914		
Secretary Name MARGARIDA M. MEDEIROS			Treasurer Name MARGARIDA M. MEDEIROS				
Street Address 73 GROSVENOR AVENUE			Street Address 73 GROSVENOR AVENUE				
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name MARGARIDA M. MEDEIROS			Director Name N/A				
Street Address 73 GROSVENOR AVENUE			Street Address				
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip		
Director Name N/A			Director Name N/A				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
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 SHARES		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 MARGARIDA M. MEDEIROS (President)					Date 1/30/2019		
Signature of Authorized Representative <i>Margarida M. Medeiros</i>					SIGN DOCUMENT HERE		

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov