



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021

**Corporation** \_\_\_\_\_

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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|  |             |   |                     |  |              |
|--|-------------|---|---------------------|--|--------------|
| 1. Entity ID Number<br>001696101   |             | 2. Exact name of the Corporation<br>F H AND SONS LANDSCAPE CONSTRUCTION INC   |                     |  |              |
| 3. Principal Office Address<br>177 ROANOKE STREET  |             |   | City<br>PROVIDENCE  | State<br>RI  | Zip<br>02908 |
| 4. NAICS Code<br>999999  |             | 6. Brief description of the character of business conducted in Rhode Island<br>GENERAL LANDSCAPE AND CONSTRUCTION     |                     |  |              |
| 5. State of Incorporation<br>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<br>FILADELFO HERNANDEZ  |             |   | Vice-President Name |  |              |
| Street Address<br>177 ROANOKE STREET   |             |   | Street Address      |  |              |
| City<br>PROVIDENCE   | State<br>RI | Zip<br>02908  | City                | State  | Zip          |
| Secretary Name   |             |   | Treasurer Name      |  |              |
| Street Address   |             |   | Street Address      |  |              |
| City   | State       | Zip   | City                | State  | Zip          |
| 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.<br><br>Changes require an additional filing.   |             | NUMBER OF SHARES  |                     | CLASS/SERIES   | PAR VALUE    |
|  |             | 75  |                     | CNP  | 00.00        |
| 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.<br><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<br>FILADELFO HERNANDEZ   |             |   |                     | Date<br>01/12/2021   |              |
| Signature of Authorized Representative<br>   |             |   |                     | <b>FILED</b><br>JAN 20 2021<br>BY <u>DH 2MA</u><br><u>AA-9:01AM.</u> |              |