



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

MAR 08 2023

BY

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OS

1. Entity ID Number 000094204		2. Exact name of the Corporation A.P. Leitao & Sons Landscaping, Inc.			
3. Principal Office Address 25 Linwood Avenue			City Seekonk	State MA	Zip 02771
4. NAICS Code 54390		6. Brief description of the character of business conducted in Rhode Island to conduct business of landscaping and snow plowing			
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 Maurino Leitao			Vice-President Name Antonio P. Leitao, Jr.		
Street Address 3 Cardosi Court			Street Address 3 Cardosi Court		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Maurino Leitao			Treasurer Name Antonio P. Leitao, Jr.		
Street Address 3 Cardosi Court			Street Address 3 Cardosi Court		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maurino Leitao			Director Name Antonio P. Leitao, Jr.		
Street Address 3 Cardosi Court			Street Address 3 Cardosi Court		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE 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 Maurino F. Lei Tau				Date 3/6/23	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov