



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

Annual Report for the year: 2023
Corporation

FILED

MAR 08 2023
 BY 11327
 OS

- 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 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		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. <i>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.</i>						
Name of Authorized Representative Maurino F. Leitao				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
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 Website: www.sos.ri.gov