



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR 17 A 10:47

1. Entity ID Number <u>00167656</u>		2. Exact name of the Corporation <u>Loufierrez Landscaping Inc.</u>	
3. Principal Office Address <u>49 Terrace Ave.</u>		City <u>Providence.</u>	State <u>RI</u>
Zip <u>02909</u>		6. Brief description of the character of business conducted in Rhode Island <u>Landscaping</u>	
4. NAICS Code <u>561730</u>		5. State of Incorporation <u>RI</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Pedro Loufierrez</u>		Vice-President Name	
Street Address <u>49 Terrace Ave.</u>		Street Address	
City <u>Providence.</u>	State <u>RI</u>	Zip <u>02909.</u>	City State Zip
Secretary Name <u>Ancida Lator</u>		Treasurer Name	
Street Address <u>207 Pocasset Ave.</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City State Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 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	
		<u>75.00</u>	
		<u>CNP</u>	
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 <u>Amelia Lator</u>		FILED <u>WB</u> <u>1047</u> MAR 17 2023	Date <u>03-17-2023</u>
Signature of Authorized Representative		BY <u>JHP/2</u>	