



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

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

REC'D RIDOS BSD
24 JAN 19 AM 11:37:06

1. Entity ID Number 104519		2. Entity Name and Complete Address FERRAZ LANDSCAPE SERVICES, INC.	
3. Principal Office Address 94 Dewolf Avenue		City Bristol	State RI
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscaping services	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Walter Ferraz		Vice President Name Walter Ferraz	
Street Address 94 Dewolf Avenue		Street Address 94 Dewolf Avenue	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Walter Ferraz		Treasurer Name Walter Ferraz	
Street Address 94 Dewolf Avenue		Street Address 94 Dewolf Avenue	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Walter Ferraz		Director Name none	
Street Address 94 Dewolf Avenue		Street Address none	
City Bristol	State RI	City none	State none
Zip 02809		Zip none	
Director Name none		Director Name none	
Street Address none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		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.			
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 Walter Ferraz President			Date 1/04/2024
Signature of Authorized Representative			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 19 2024

BY 6145

77 11:37