



State of Rhode Island  
Department of State - Business Services Division

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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.

1. Entity ID Number <b>104519</b>		2. FERRAZ LANDSCAPING SERVICES, INC.	
3. Principal Office Address <b>94 Dewolf Avenue</b>		City <b>Bristol</b>	State <b>RI</b> Zip <b>02809-0000</b>
4. NAICS Code <b>561730</b>	6. Brief description of the character of business conducted in Rhode Island <b>landscaping services</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President <b>Walter Ferraz</b>		Vice President Name <b>Walter Ferraz</b>	
Street Address <b>94 Dewolf Avenue</b>		Street Address <b>94 Dewolf Avenue</b>	
City <b>Bristol</b>	State <b>RI</b> Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b> Zip <b>02809</b>
Secretary <b>Walter Ferraz</b>		Treasurer Name <b>Walter Ferraz</b>	
Street Address <b>94 Dewolf Avenue</b>		Street Address <b>94 Dewolf Avenue</b>	
City <b>Bristol</b>	State <b>RI</b> Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b> Zip <b>02809</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director <b>Walter Ferraz</b>		Director Name <b>Walter Ferraz</b>	
Street Address <b>94 Dewolf Avenue</b>		Street Address <b>none</b>	
City <b>Bristol</b>	State <b>RI</b> Zip <b>02809</b>	City <b>none</b>	State <b>none</b> Zip <b>none</b>
Director <b>none</b>		Director Name <b>none</b>	
Street Address <b>none</b>		Street Address <b>none</b>	
City <b>none</b>	State <b>none</b> Zip <b>none</b>	City <b>none</b>	State <b>none</b> Zip <b>none</b>
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.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>100</b>	<b>Common</b>
			<b>No Par</b>
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.			
<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 <b>Walter Ferraz</b>  President			Date <b>1/04/2024</b>
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.fi.gov

**FILED**  
**JAN 19 2024**  
**BY 6145**  
**MP 1137**