



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED

MAR 19 2024

BY 32999

1. Entity ID Number 122930		2. Exact name of the Corporation PEREIRA BROS. LANDSCAPING INC.												
3. Principal Office Address 126 SOWAMS ROAD			City BARRINGTON	State RI	Zip 02806									
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 Name Henry V. Pereira			Vice-President Name Henry V. Pereira											
Street Address 126 Sowams Rod			Street Address 126 Sowams Road											
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806									
Secretary Name Henry V. Pereira			Treasurer Name Henry V. Pereira											
Street Address 126 Sowams Road			Street Address 126 Sowams Road											
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Henry V. Pereira			Director Name None											
Street Address 126 Sowams Road			Street Address											
City Barrington	State RI	Zip 02806	City	State	Zip									
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.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">200</td> <td style="text-align:center">Common</td> <td style="text-align:center">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
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200	Common	No Par Value												
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 Henry V. Pereira				Date 3/8/24										
Signature of Authorized Representative 														