



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**
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 104519		2. Exact name of the Corporation FERRAZ LANDSCAPING SERVICES, INC.			
3. Principal Office Address 94 Dewolf Avenue		City Bristol		State RI	Zip 02809-0000
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 Walter Ferraz			Vice President Name Walter Ferraz		
Street Address 94 Dewolf Avenue			Street Address 94 Dewolf Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Walter Ferraz			Treasurer Name Walter Ferraz		
Street Address 94 Dewolf Avenue			Street Address 94 Dewolf Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Walter Ferraz			Director Name none		
Street Address 94 Dewolf Avenue			Street Address none		
City Bristol	State RI	Zip 02809-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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 Walter Ferraz					Date 1/04/2025
Signature of Authorized Representative <i>[Signature]</i>					FILED

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 15 2025
BY *[Signature]*
EG