



State of Rhode Island  
 Department of State - Business Services Division  
**2025**

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. Exact name of the Corporation <b>FERRAZ LANDSCAPING SERVICES, INC.</b>					
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 Name <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>
Secretary Name <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>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name <b>Walter Ferraz</b>				Director Name <b>none</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>
Director Name <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>
9. Shares Authorized <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.			10. Shares Issued		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  <b>Walter Ferraz</b>						Date  <b>1/04/2025</b>	
Signature of Authorized Representative  <i>[Signature]</i>						<b>President</b>	

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 *JUDY EG*