



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 36591		2. Name of Corporation LUT- RITE TREE, INC.		
3. Street Address Principal Business Office 394 Carr's Trail		City Greene	State RI	Zip 02827
4. Business Phone No. 401-397-6214		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Tree Removal				
NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Raymond F. Mathewson, Jr.		Vice President Name Raymond F. Mathewson, Jr.		
Street Address 394 Carr's Trail		Street Address 394 Carr's Trail		
City Greene	State RI	Zip 02827	City Greene	State RI
Zip 02827	Secretary Name Raymond F. Mathewson, Jr.		Treasurer Name Raymond F. Mathewson, Jr.	
Street Address 394 Carr's Trail		Street Address 394 Carr's Trail		
City Greene	State RI	Zip 02827	City Greene	State RI
Zip 02827	NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS	
Director Name Raymond F. Mathewson, Jr.		Director Name		
Street Address 394 Carr's Trail		Street Address		
City Greene	State RI	Zip 02827	City	State
Zip	Director Name		Director Name	
Street Address		Street Address		
City	State	Zip	City	State
Zip	SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
			100	Common
				\$1.01

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, his report must be executed on behalf of the corporation by the receiver or trustee.

FILE

AUG 04 2010
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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.

Signature: Raymond F. Mathewson, Jr. Date: 2.10.10

Print or Type Name: Raymond F. Mathewson, Jr.

Title: President

File Date _____ by _____

Check No. _____

By _____

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