



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 10774		2. Exact name of the Corporation O'BRIEN TREE SERVICE, INC.			
3. Principal office address 190 BYRON BLVD.		City WARWICK	State RI	Zip 02888	
4. Business Phone No. (401) 785-1425		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SPRAYING, PRUNING, CUTTING, LANDSCAPING, AND GENERAL TREE SERVICE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WILLIAM A. O'BRIEN, JR.			Vice-President Name MARYELYN P. O'BRIEN		
Street Address 190 BYRON BLVD.			Street Address 190 BYRON BLVD.		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name MARYELYN P. O'BRIEN			Treasurer Name WILLIAM A. O'BRIEN, JR.		
Street Address 190 BYRON BLVD.			Street Address 190 BYRON BLVD.		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name WILLIAM A. O'BRIEN, JR.			Director Name NONE		
Street Address 190 BYRON BLVD.			Street Address NONE		
City WARWICK	State RI	Zip 02888	City	State	Zip
Director Name MARYELYN P. O'BRIEN			Director Name NONE		
Street Address 190 BYRON BLVD.			Street Address NONE		
City WARWICK	State RI	Zip 02888	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			NONE		

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.

FILED

File Date _____

Check No _____

By: _____

JAN 24 2013

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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.

Maryelyn P. O'Brien 1/25/2013
 Signature of Authorized Representative Date

MARYELYN P. O'BRIEN
 Print or Type Name of Authorized Representative

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