



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 2015

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. 797032		2. Exact name of the Corporation Green Cross, Inc.			
3. Principal office address 94 Taylor Avenue		City Norwalk	State CT	Zip 06854	
4. Business Phone No. 203-838-2505		5. State of Incorporation Connecticut			
6. Brief description of the character of business conducted in Rhode Island tree and shrub healthcare					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Kent M. Pierce			Vice-President Name		
Street Address 30 Montauk Blvd.			Street Address		
City East Hampton Springs	State NY	Zip 11937	City	State	Zip
Secretary Name Kent M. Pierce			Treasurer Name Kent M. Pierce		
Street Address 30 Montauk Blvd.			Street Address 30 Montauk Blvd.		
City East Hampton Springs	State NY	Zip 11937	City East Hampton Springs	State NY	Zip 11937
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Kent M. Pierce			Director Name		
Street Address 30 Montauk Blvd.			Street Address		
City East Hampton Springs	State NY	Zip 11937	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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
			5000	common	no par

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 22 2015

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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.

Kent M. Pierce
Signature of Authorized Representative

1/16/2015
Date

Kent M. Pierce, President

Print or Type Name of Authorized Representative