

6. Brief Description of the Character of Business Conducted in Rhode Island

1. Corporate ID No. 14352

66 Mail Road

4. Business Phone No.

294-6397

3. Street Address Principal Business Office

Secretary of State – Division of Business Services 148 W. River Street Providence, RI 02904-2615 401.222.3040

02822

State

RI

KAISER TREE PRESERVATION COMPANY

5. State of Incorporation Rhode Island

Care, maintenance, trimming, removal, bracing and spraying of trees, landscape construction

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.

2. Name of Corporation

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS

Exeter

President Name Herbert J. Kaiser III Street Address 66 Mail Road			Vice President Name Ames C. Kaiser Street Address 66 Mail Road		
Secretary Name Herbert J. Kaiser III			Treasurer Name Herbert J. Kaiser III		
Street Address 66 Mail Road			Street Address 66 Mail Road		
City Exeter	State RI	^{Zip} 02822	City Exeter	State RI	7ip 02822
8. NAMES AND ADI Director Name	DRESSES OF THE DIRI	CTORS: ("X" BOX FOR AT	TACHMENT) FILI Director Name	IN SPACES BEFORE US	ING ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHO	 RIZED: <i>("X" BOX FOR</i>	 ATTACHMENT)	•	D: ("X" BOX FOR ATTAC TION MUST BE COMPLETED	TIMENT)
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		
			A-25,000 common \$.01 p	ar value; B-160,000 common s	j.01 par value
This report must be en	xecuted on behalf of the xecuted on behalf of th	e corporation by an authorize e corporation by the receive	r or trustee.	corporation is in the hand	Is of a receiver or trustee,
		- YL 110x(contained herein are t	ary, I declare and affirm that I anying schedules and statem rue and correct.	have examined this report, nents, and that all statements
File Date Check No.			Signature Herbert J. Kai	ser III	Date
Ву			Print or Type Name President		
FOR SECRET	ARY OF STATE USE ONLY		Title		Form 630 Rev. 12/06