



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

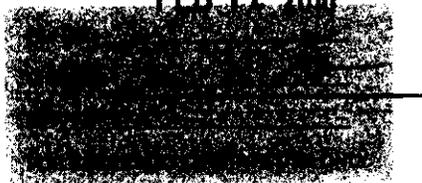
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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.					
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
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 (CHECK 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 Instructions.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			5000	Common	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.



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 therein are true and correct.

Kent M. Pierce 2/10/16
 Signature of Authorized Representative Date

Kent M. Pierce, President
 Print or Type Name of Authorized Representative