



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. 52790		2. Exact name of the Corporation Manchester Tree & Landscaping, Inc.			
3. Principal office address 2970 Main Road			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-625-1384			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Landscaping					
President Name John D Manchester			Vice-President Name		
Street Address 2970 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name James E. Holland Jr.			Treasurer Name John D Manchester		
Street Address 3948 Main Road			Street Address 2970 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name John D Manchester			Director Name		
Street Address 2970 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	N/A	N/A

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 herein are true and correct.

Signature of Authorized Representative

John Manchester

Print or Type Name of Authorized Representative

Date

2/22/16

FILED

FEB 25 2016

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