



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

 2/22/16  
Signature of Authorized Representative Date

**John Manchester**  
Print or Type Name of Authorized Representative

**FILED**

FEB 25 2016

KL 11779