



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR - 4 PM 12:09

Profit Corporation Annual Report for the year: 2014

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 000792954		2. Exact name of the Corporation DAVIS TREE SERVICE, INC.			
3. Principal Office Address 16 FARNUM PIKE		City SMITHFIELD	State RI	Zip 02917	
4. Business Phone Number 401-338-9239		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TREE SERVICE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS M. DAVIS			Vice-President Name THOMAS M. DAVIS		
Street Address 16 FARNUM PIKE			Street Address 16 FARNUM PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name THOMAS M. DAVIS			Treasurer Name THOMAS M. DAVIS		
Street Address 16 FARNUM PIKE			Street Address 16 FARNUM PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	NONE
11. 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.					
Name of Authorized Representative THOMAS DAVIS					Date 4/4/16
Signature of Authorized Representative <i>Thomas Davis President</i> SIGN DOCUMENT HERE					

12:11pm **FILED**

APR 04 2016

By 271580

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