



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

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

Profit Corporation Annual Report for the year: 2013

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</i>					SIGN DOCUMENT HERE <i>President</i>		

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FILED

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By 271580

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