



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. 89464		2. Exact name of the Corporation The tree Doctor, Inc			
3. Principal office address 36 Schoolhouse Road		City WARREN		State RI	Zip 02885
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN the BUSINESS OF Tree Service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Kenneth A. Coelho Jr.			Vice-President Name Kenneth A. Coelho Jr.		
Street Address 36 School House Road			Street Address 36 School House Road		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
Secretary Name Kenneth A. Coelho Jr.			Treasurer Name Kenneth A. Coelho Jr.		
Street Address 36 School House Road			Street Address 36 School House Road		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1,000	CNP	NCPAK

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Kenneth A. Coelho Jr
Print or Type Name of Authorized Representative

Date

8/16/16

Aug 19 2016

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