	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50
	Division Of Business Services	
	148 W. River Street	
	Providence RI 02904-2615 (401) 222-3040	
HOPE		
imited Liabilit		
	ember 1 - November 1	
n accordance with	n R.I.G.L. 7-16-66(d), each limited liability company failing or refusing	
o file its annual rep	port within thirty (30) days after the time prescribed by law (R.I.G.L. 7-	
6-66(b&c)) is subj	ject to a penalty fee of \$25.00.	
ANNUAL REPOR	T YEAR: <u>2016</u>	
1. ID No. <u>000</u>	0156079	
2. Exact Name of	of the Limited Liability Company C. T. Enterprises, LLC	
3. State of Form	nation	
State: <u>RI</u>		
	ARTICLE III	
Using the followin	ARTICLE III og NAICS codes, please select the code that best describes your business.	
Using the followin		
NAICS Code	ing NAICS codes, please select the code that best describes your business. $\underline{54}$	lolond
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NAICS Code 4. Brief Descripti	ion of the Character of the Business Which is Actually Conducted in Rhode	Island
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NAICS Code 4. Brief Descripti SERVICE PROV	ion of the Character of the Business Which is Actually Conducted in Rhode	Island
NAICS Code 4. Brief Descripti <u>SERVICE PROV</u> 5. Principal Offic	In a NAICS codes, please select the code that best describes your business.	
NAICS Code 4. Brief Descripti <u>SERVICE PROV</u> 5. Principal Offic No. and Street: City or Town:	In a marked of the code that best describes your business.	
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NAICS Code 4. Brief Descripti SERVICE PROV 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street:	ag NAICS codes, please select the code that best describes your business.	: <u>US</u>
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NAICS Code 4. Brief Descripti SERVICE PROV 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town:	ion of the Character of the Business Which is Actually Conducted in Rhode VIDER, HORTICULTURAL SERVICES, CONSULTING ie Address <u>35 KICKAPOO RUN</u> CHARLESTOWN State: RI Zip: <u>02813</u> Country iss of Limited Liability Company and Name or Title of Contact Person: <u>CHRISTOPHER TRETHEWAY</u> Contact Title: <u>OWNER</u> <u>35 KICKAPOO RUN</u> CHARLESTOWN State: RI Zip: <u>02813</u> Country dress of Each Manager of the Limited Liability Company, if Applicable.	: <u>US</u>
AICS Code 4. Brief Descripti SERVICE PROV 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town: 7. Name and Addreet	ion of the Character of the Business Which is Actually Conducted in Rhode VIDER, HORTICULTURAL SERVICES, CONSULTING ie Address <u>35 KICKAPOO RUN</u> CHARLESTOWN State: RI Zip: <u>02813</u> Country iss of Limited Liability Company and Name or Title of Contact Person: <u>CHRISTOPHER TRETHEWAY</u> Contact Title: <u>OWNER</u> <u>35 KICKAPOO RUN</u> CHARLESTOWN State: RI Zip: <u>02813</u> Country dress of Each Manager of the Limited Liability Company, if Applicable.	: <u>US</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER TRETHEWAY 35 KICKAPOO RUN CHARLESTOWN, RI 02813

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of October, 2016 at 1:37:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>CHRISTOPHER TRETHEWAY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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