



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

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 69258		2. Exact name of the Corporation Green Schemes, Inc.			
3. Principal Office Address 8 Stevenson Place			City Newport	State R.I.	Zip 02840
4. NAICS Code 11 - Agriculture, Forestry, Fi		6. Brief description of the character of business conducted in Rhode Island Interior Landscaping			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robin Jane Bosworth			Vice-President Name None		
Street Address 8 Stevenson Place			Street Address		
City Newport	State R.I.	Zip 02840	City	State	Zip
Secretary Name Jane Bosworth			Treasurer Name None		
Street Address 8 Steveson Place			Street Address		
City Newport	State R.I.	Zip 02840	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the 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
			100	CNP	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. <i>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.</i>					
Name of Authorized Representative ROBIN JANE BOSWORTH				Date Jan 11 2017	
Signature of Authorized Representative <i>Robin Jane Bosworth</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 13 2017
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