



State of Rhode Island and Providence Plantations

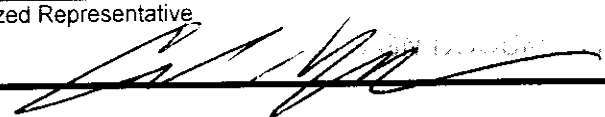
Department of State - Business Services Division

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 141024		2. Exact name of the Corporation C.J. TREE, INC.			
3. Principal Office Address 100 Higginson Avenue			City Lincoln	State RI	Zip 02865
4. NAICS Code 11 - Agriculture, Forestry, Fishi		6. Brief description of the character of business conducted in Rhode Island To carry on & conduct a general tree cutting, tree care, excavating, earth-moving, tractor & contracting business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Carl S. Hammerle, Jr.			Vice-President Name Carl S. Hammerle, Jr.		
Street Address 100 Higginson Avenue			Street Address 100 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Carl S. Hammerle, Jr.			Treasurer Name Carl S. Hammerle, Jr.		
Street Address 100 Higginson Avenue			Street Address 100 Higginson Avenue		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1000		
			Common		
			No Par Value		
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 Carl S. Hammerle, Jr., President					Date 2/20/17
Signature of Authorized Representative 					

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
FEB 27 2017
BY **690105**