



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 151144		2. Exact name of the Corporation CLARK'S CHRISTMAS TREE FARM, INC.												
3. Principal Office Address 4191 MAIN ROAD			City TIVERTON	State RI	Zip 02878									
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island RETAIL - CHRISTMAS TREE SALES													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name ERIC WATNE			Vice-President Name CATHERINE WATNE											
Street Address 4191 MAIN ROAD			Street Address 4191 MAIN ROAD											
City TIVERTON	State RI	Zip 02848	City TIVERTON	State RI	Zip 02848									
Secretary Name LIZ WATNE			Treasurer Name EMILY WATNE											
Street Address 4191 MAIN ROAD			Street Address 4191 MAIN ROAD											
City TIVERTON	State RI	Zip 02848	City TIVERTON	State RI	Zip 02848									
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									
Director Name NONE			Director Name NONE											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>STK</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	STK	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
0	STK	NO PAR												
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 ERIC R WATNE				Date 2/1/2017										
Signature of Authorized Representative <i>Eric R Watne</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

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