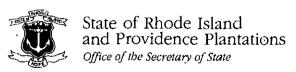
RI SOS Filing Number: 201744784250 Date: 6/5/2017 4:00:00 PM



6. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE TREE AND LANDSCAPE SERVICES

2. Name of Corporation

SCHWARTZ TREE CARE, INC.

1. Corporate ID No.

4. Business Phone No.

President Name

3. Street Address Principal Business Office 2049 FLAT RIVER ROAD

DAVID L. SCHWARTZ

9281

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

Zip

02816

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

5. State of Incorporation RHODE ISLAND

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

City COVENTRY

Vice President Name

SHARON A. SCHWARTZ

State

RI

2049 FLAT RIVER ROAD			Street Address 2049 FLAT RIVER ROAD		
City COVENTRY	State RI	<i>zip</i> 02816	City COVENTRY	State RI	^{Zip} 02816
Secretary Name SHARON A. SCHWARTZ			Treasurer Name SHARON A. SCHWARTZ		
Street Address 2049 FLAT RIVER ROAD			Street Address 2049 FLAT RIVER ROAD		
COVENTRY	State RI	^{2ip} 02816	COVENTRY	State RI	<i>Zip</i> 02816
Director Name DAVID L. SCHWARTZ			TTACHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Director Name SHARON A. SCHWARTZ		
Street Address 2049 FLAT RIVER ROAD			Street Address 2049 FLAT RIVER ROAD		
City	State	Zip	City	State	Zip
COVENTRY Director Name	RI	02816	COVENTRY Director Name	RI	02816
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ AUTHORIZED SHARES Number of Shares	LED ("X" BOX FOR ATTA	CHMENT) Par Value		Class/Series	(MENT)
1,000 \$1.00 PAR VALUE			100	COMMON	NO PAR
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
This report must be exe	ecuted on behalf of the corp	oration by an authorize		progration is in the hands	of a receiver or tweeter
this report must be exe	cuted on behalf of the corpo	oration by the receiver	or trustee.	orpotation is in the hands	or a receiver or trustee,
		FILED (SL-		
		JUN 0 5 2017	including any accor	mpanying schedules and stat	at I have examined this report ements, and that all statements
File Date	BY	7091	contained herein a	e true and coprect.	3-26-17
Check No.			Signature DAVID L. SC	CHWARTZ	Date
Ву:			Print or Type Name		
FOR SECRETARY	OF STATE USE ONLY		PRESIDENT		
					Form 630 Rev. 12/06