



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Corporation

2018 JAN 31 PM 3: 19

- 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 <u>1659538</u> | | 2. Exact name of the Corporation <u>Potters Planters Lawn + Tree Service Inc.</u> | | | |
| 3. Principal Office Address <u>101 Potter street</u> | | City <u>Cranston</u> | | State <u>RI</u> | Zip <u>02910</u> |
| 4. NAICS Code <u>561730</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Lawn & Tree Services</u> | | | |
| 5. State of Incorporation <u>RI</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>Frederick G. Potter</u> | | | Vice-President Name | | |
| Street Address <u>101 Potter Street</u> | | | Street Address | | |
| City <u>Cranston</u> | State <u>RI</u> | Zip <u>02910</u> | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 |
| | | <u>0</u> | | | <u>0</u> |
| 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 <u>FREDERICK G POTTER</u> | | | | Date <u>1/31/18</u> | |
| Signature of Authorized Representative <u>Frederick G Potter</u> | | | | FILED | |

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 31 2018

BY 323168 KLL