



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 132379		2. Exact name of the Corporation Cedar Tree & Landscape Service, Inc.												
3. Principal Office Address 861 Frenchtown Road			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 56 1730	6. Brief description of the character of business conducted in Rhode Island Tree and landscape services.													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name William Bremer			Vice-President Name William Bremer											
Street Address 861 Frenchtown Road			Street Address 861 Frenchtown Road											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
Secretary Name William Bremer			Treasurer Name William Bremer											
Street Address 861 Frenchtown Road			Street Address 861 Frenchtown Road											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par			
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200	Common	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 William Bremer <i>W. Bremer</i>					Date 1/30/18									
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

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FORM 630 - Revised: 10/2017