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	2. Exact name of the Corporation
2982	T.J. Brown Landscape Contractor, Inc.

3. Principal Office Address	City	State	Zip
23 Lucas Avenue	Newport	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81	To conduct a landscape gardening business
5. State of Incorporation: Rhode Island	521730

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Timothy J. Brown	Jane Duffy
Street Address: 23 Lucas Avenue	Street Address: 23 Lucas Avenue
City: Newport, State: RI, Zip: 02840	City: Newport, State: RI, Zip: 02840
Secretary Name: Jane Duffy	Treasurer Name: Timothy J. Brown
Street Address: 23 Lucas Avenue	Street Address: 23 Lucas Avenue
City: Newport, State: RI, Zip: 02840	City: Newport, State: RI, Zip: 02840

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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	Date
Timothy J. Brown	2/18/18

Signature of Authorized Representative: Timothy J. Brown

SOS DOCUMENT DEPT.

FILED

MAR 01 2018

BY 1122 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017