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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 Corporate ID No	2 Name of Corporation
95635	Renaissance Gardening, Ltd.

3 Street Address Principal Business Office	City	State	Zip
495 Main Street	Hopkinton	RI	02833

4 NAICS Code	5 State of Incorporation
561730	Rhode Island

6 Brief Description of the Character of Business Conducted in Rhode Island
General landscape and gardening design.

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

President Name	Street Address	City	State	Zip
Louis Raymond	495 Main Street	Hopkinton	RI	02833

Vice President Name	Street Address	City	State	Zip
Richard A. Ericson, III	495 Main Street	Hopkinton	RI	02833

Secretary Name	Street Address	City	State	Zip
Richard A. Ericson, III	495 Main Street	Hopkinton	RI	02833

Treasurer Name	Street Address	City	State	Zip
Richard A. Ericson, III	495 Main Street	Hopkinton	RI	02833

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
200 shares common stock of 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.

Louis Raymond — Signature — Date 3/16/18

Louis Raymond
Print or Type Name

President
Title

FILED
MAR 22 2018
BY 3343 QS

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: 10/2016