



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. 95635		2. Name of Corporation Renaissance Gardening, Ltd.			
3. Street Address Principal Business Office 495 Main Street			City Hopkinton	State RI	Zip 02833
4. NAICS Code 561730		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis Raymond			Vice President Name Richard A. Ericson, III		
Street Address 495 Main Street			Street Address 495 Main Street		
City Hopkinton	State RI	Zip 02833	City Hopkinton	State RI	Zip 02833
Secretary Name Richard A. Ericson, III			Treasurer Name Richard A. Ericson, III		
Street Address 495 Main Street			Street Address 495 Main Street		
City Hopkinton	State RI	Zip 02833	City Hopkinton	State RI	Zip 02833
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			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

3/16/18
 Date

Louis Raymond
 Print or Type Name

FILED

President
 Title

MAR 22 2018

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 272-3040
 Website: www.dbs.ri.gov

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