



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

DEC 19 2018

BY 10826

1. Entity ID Number 13724		2. Exact name of the Corporation EVERGREEN NURSERY, INC.			
3. Principal Office Address 91 HINES FARM ROAD			City CRANSTON	State RI	Zip 02921
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LAWN CARE AND GARDENING 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 DENNIS R. DEMARCO			Vice-President Name DENNIS R. DEMARCO		
Street Address 91 HINES FARM ROAD			Street Address 91 HINES FARM ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name ROBERTA D. DEMARCO			Treasurer Name DENNIS R. DEMARCO		
Street Address 91 HINES FARM ROAD			Street Address 91 HINES FARM ROAD		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
		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 DENNIS R. DEMARCO				Date 12/17/2018	
Signature of Authorized Representative <i>Dennis R. Demarco, President</i> SIGN DOCUMENT HERE					

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