


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

STAMP

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

1. Corporate ID No. 14352		2. Name of Corporation KAISER TREE PRESERVATION COMPANY			
3. Street Address Principal Business Office 66 Mail Road			City Exeter	State RI	Zip 02822
4. NAICS Code 561730		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Care, maintenance, trimming, removal, bracing and spraying of trees, landscape construction					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Herbert J. Kaiser III			Vice President Name Ames C. Kaiser		
Street Address 66 Mail Road			Street Address 66 Mail Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Herbert J. Kaiser III			Treasurer Name Herbert J. Kaiser III		
Street Address 66 Mail Road			Street Address 66 Mail Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
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		
			A-25,000 common \$.01 par value; B-100,000 common \$.01 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.

Herbert J. Kaiser III
Signature

FILED

1-18-19

Date

Herbert J. Kaiser III

JAN 22 2019

Print or Type Name

President

BY

12801 DS

Title

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