



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.

1. Entity ID Number 136614		2. Exact name of the Corporation John C. Carter & Company			
3. Principal Office Address 960 Boston Neck Road		City Narragansett		State RI	Zip 02882
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island The providing of landscape architect 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 John C. Carter			Vice-President Name None		
Street Address 960 Boston Neck Road			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name John C. Carter			Treasurer Name John C. Carter		
Street Address 960 Boston Neck Road			Street Address 960 Boston Neck Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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 John C. Carter				Date FILED 1-29-2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FEB 01 2019	

MAIL TO
Division of Business Services
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Website: www.sos.ri.gov

BY **T1558 DS**