



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV STAMP
 2019 FEB -8 PM 3:27

1. Entity ID Number 90169		2. Exact name of the Corporation High Line Tree Service, Inc.			
3. Principal Office Address 177 Custer Street			City Warwick	State RI	Zip 02889
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island All aspects of tree care, nursery and landscaping services and any other lawful business.			
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 Bruce R. Charron			Vice-President Name Lori-Anne Charron		
Street Address 168 Custer Street			Street Address 168 Custer Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Lori-Anne Charron			Treasurer Name Bruce R. Charron		
Street Address 168 Custer Street			Street Address 168 Custer Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bruce R. Charron			Director Name Lori-Anne Charron		
Street Address 168 Custer Street			Street Address 168 Custer Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name			Director Name		
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 Bruce R. Charron <i>Bruce R. Charron</i>					Date 2/5/19
Signature of Authorized Representative					FILED 3:27

SIGN DOCUMENT HERE

FEB 08 2019

BY *CA 6754*