



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

FILED

FEB 15 2019

BY 2115 *02*

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 132379		2. Exact name of the Corporation Cedar Tree & Landscape Service, Inc.					
3. Principal Office Address 861 Frenchtown Road				City East Greenwich		State RI	Zip 02818
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Tree and landscape 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 William Bremer			Vice-President Name William Bremer				
Street Address 861 Frenchtown Road			Street Address 861 Frenchtown Road				
City East Greenwich		State RI	Zip 02818	City East Greenwich		State RI	Zip 02818
Secretary Name William Bremer			Treasurer Name William Bremer				
Street Address 861 Frenchtown Road			Street Address 861 Frenchtown Road				
City East Greenwich		State RI	Zip 02818	City East Greenwich		State RI	Zip 02818
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			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	
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. <i>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.</i>							
Name of Authorized Representative William Bremer <i>[Signature]</i>						Date 2/12/19	
Signature of Authorized Representative						SIGN DOCUMENT HERE	

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