RI SOS Filing Number: 201987845350 Date: 2/25/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

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Entity ID Number	2. Exact nam	2. Exact name of the Corporation TIGER TREE AND LANDSCAPING, INC.							
76916	TIGER T								
3. Principal Office Address				City		Zip			
409 East Road			Tiverton		Rhode Island	02878			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
541320	Tree and la	Tree and landscaping construction.							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names a	nd addresses)			Check t	he box to indicate	an attachment			
President Name James W. Pelletier			Vice-President Name James W. Pelletier						
Street Address 409 East Road			Street Address 409 East Road						
City Tiverton	State RI	Zip 02878	City Tiverton		State RI	Zip 02878			
Secretary Name James W. Pelletier			Treasurer Name James W. Pelletier						
Street Address 409 East Road			Street Address 409 East Road						
City Tiverton	State RI	^{Z₁p} 02878	City Tiverton		State RI	^{Zip} 02878			
8. List ALL directors (names	and addresses)		1	Check	the box to indicate	an attachment			
Director Name James W. Pe			Director Name						
			Street Address						
Street Address 409 East Roa	d		Street Address	1					
City Tiverton	State RI	Zip 02878	City		State	Zip			
Director Name	· ·		Director Name		1	<u> </u>			
Street Address			Street Address						
City	State	Zip	City		State	Zip			
					l				
9. Shares Authorized		10. Shares Is		Check to CLASS/SERIES		an attachment <a>_			
This information is currently of record in the Department of State.		100	NUMBER OF SHARES			NO PAR VALUE			
Changes require an additiona	l filing.			_					
11. This report must be exec	ruted on hehalf of the	corporation by an	authorized repres	entative If the corno	ration is in the han	ide of a receiver or			
trustee, this report must be exec					ration is in the hat	ids of a receiver of			
Under penalty of perjury, I	declare and affirm	that I have examir	ned this report, in	ncluding any accom	panying schedul	es and			
statements, and that all st		l herein are true a	nd correct.	.	in .				
Name of Authorized Repres	entative				Date	Lo			
James W. Pelletier	- 				X 2 20	114			
Signature of Authorized Rep	resentative	SIGNIDO	CUMENT HERE		-				
K ha		31314 DC							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov