



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
2019 MAR -1 AM 11:54

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 1681799		2. Exact name of the Corporation NORTH SMITHFIELD TREE SERVICE, INC.			
3. Principal Office Address 400 Providence Pike		City North Smithfield		State RI	Zip 02896
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island LANDSCAPING, CUTTING OF TREES, SELLING OF FIREWOOD			
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 MICHAEL MONGEON			Vice-President Name		
Street Address 400 Providence Pike			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name YVETTE MONGEON			Treasurer Name GREGORY MONGEON		
Street Address 400 Providence Pike			Street Address 400 Providence Pike		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL MONGEON			Director Name GREGORY MONGEON		
Street Address 400 Providence Pike			Street Address 400 Providence Pike		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR VALUE	
Changes require an additional filing.					
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 MICHAEL MONGEON, PRESIDENT				Date February 19, 2019	
Signature of Authorized Representative <i>Michael Mongeon</i>				SIGN DOCUMENT HERE MAR -1 2019 <i>Op B N 35VT</i>	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov