



*Amended*  
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *42825* 2. Name of Corporation *M.E. Schreffler Tree Service, Inc.*  
3. Street Address Principal Business Office *21 King Street* City *E. Greenwich* State *RI* Zip *02818*  
4. Business Phone No. *(401) 885-8733* 5. State of Incorporation *Rhode Island* 6. SIC Code *7550*  
7. Brief Description of the Character of Business Conducted in Rhode Island *Tree services including cutting, trimming, stump removal, etc.*

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <i>Michael E. Schreffler</i> Street Address <i>21 King Street</i> City <i>E. Greenwich</i> State <i>RI</i> Zip <i>02818</i> Secretary Name <i>Michael E. Schreffler</i> Street Address <i>21 King Street</i> City <i>E. Greenwich</i> State <i>RI</i> Zip <i>02818</i>	Vice President Name <i>Maurzen Brannigan</i> Street Address <i>21 King Street</i> City <i>E. Greenwich</i> State <i>RI</i> Zip <i>02818</i> Treasurer Name <i>Michael E. Schreffler</i> Street Address <i>21 King Street</i> City <i>E. Greenwich</i> State <i>RI</i> Zip <i>02818</i>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name  Street Address  City  State  Zip	Director Name  Street Address  City  State  Zip
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<i>600</i>	<i>NO PAR VAL</i>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<i>150</i>	<i>Common</i>	<i>No par value</i>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: *MAR 22 1999*

Check No.: *By Cat #3*

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Michael E. Schreffler* *3-22-99*  
Signature of Officer Date

*Michael E. Schreffler*  
Print or Type Name of Officer

*President*  
Title of Officer