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SECRETARY OF STATE
CORPORATIONS DIV



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

2019 MAY -6 PM 12:23

Annual Report for the year: 2014
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 <u>60063</u>		2. Exact name of the Corporation <u>TEN TREES GROUP, INC.</u>			
3. Principal Office Address <u>28 DEXTERDALE RD</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02906</u>
4. NAICS Code <u>334118</u>		6. Brief description of the character of business conducted in Rhode Island <u>General Design And Print Company</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Alan Metnick</u>		Vice-President Name			
Street Address <u>28 DEXTERDALE ROAD</u>		Street Address			
City <u>Providence</u>		State <u>RI</u>	Zip <u>02906</u>	City	State
Secretary Name		Treasurer Name			
Street Address		Street Address			
City		State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City		State	Zip	City	State
Director Name		Director Name			
Street Address		Street Address			
City		State	Zip	City	State
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE <u>0</u>	
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 <u>ALAN METNICK</u>				Date <u>5/6/19</u>	
Signature of Authorized Representative <u>[Signature]</u>				FILED MAY 06 2019	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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