



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

Annual Report for the year: 2018  
 Corporation

SECRETARIAL DIVISION  
 CORPORATIONS  
 2019 MAY -6 PM 12:23

- 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 <b>60063</b>		2. Exact name of the Corporation <b>TRN TREES GROUP, INC.</b>			
3. Principal Office Address <b>28 Dexterdale Rd</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02900</b>
4. NAICS Code <b>334118</b>		6. Brief description of the character of business conducted in Rhode Island <b>General Design And Print Company</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Alan Metnick</b>		Vice-President Name			
Street Address <b>28 Dexterdale Road</b>		Street Address			
City <b>Providence</b>		State <b>RI</b>	Zip <b>02900</b>		
Secretary Name		Treasurer Name			
Street Address		Street Address			
City		State	Zip		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name		Director Name			
Street Address		Street Address			
City		State	Zip		
Director Name		Director Name			
Street Address		Street Address			
City		State	Zip		
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES		PAR VALUE
		<b>100</b>			<b>0</b>
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 <b>Alan Metnick</b>				Date <b>5/6/19</b>	
Signature of Authorized Representative <i>[Handwritten Signature]</i>				<b>FILED</b>	

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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**A.A. 12:28 PM** FORM 630 - Revised: 02/2017