



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2008
Corporation

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 <u>60063</u>		2. Exact name of the Corporation <u>TRN-Trees Group, Inc.</u>	
3. Principal Office Address <u>28 DEXTERDALE RD</u>		City <u>Providence</u>	State <u>RI</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 Metrick</u>		Vice-President Name	
Street Address <u>28 DEXTERDALE ROAD</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906</u>		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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 <u>0</u>
			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 METRICK</u>		Date <u>5/6/19</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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