



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE
CORPORATION DIVISION

Annual Report for the year:
Corporation

2008

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 60063 | | 2. Exact name of the Corporation TEN TREES GROUP, INC. | | | |
| 3. Principal Office Address 28 DEXTERDALE RD | | City Providence | | State RI | Zip 02906 |
| 4. NAICS Code 334118 | | 6. Brief description of the character of business conducted in Rhode Island General Design And Print Company | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Alan Metrick | | | Vice-President Name | | |
| Street Address 28 DEXTERDALE ROAD | | | Street Address | | |
| City Providence | | State RI | Zip 02906 | | |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | | State | 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 | Zip | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | | State | 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 CLASS/SERIES PAR VALUE | | |
| | | | 100 0 | | |
| 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 Alan Metrick | | | | Date 5/6/19 | |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | |

FILED

MAIL TO:
Division of Business Services
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FORM 630 - Revised: 02/2017