



State of Rhode Island and Providence Plantations


## Department of State - Business Services Division

Annual Report for the year: 2019  
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 <b>000014467</b>		2. Exact name of the Corporation <b>Stewart Nursery Co., Inc.</b>			
3. Principal Office Address <b>3714B Kingstown Road</b>			City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
4. NAICS Code <b>444220 / 424930</b>		6. Brief description of the character of business conducted in Rhode Island <b>Nursery: Grow and sell trees and shrubs to retail and wholesale customers. Product sold directly from fields on a dig to order basis.</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>Kyle S. Stewart</b>			Vice-President Name <b>Robert S. Stewart Jr.</b>		
Street Address <b>3714B Kingstown Road</b>			Street Address <b>14 Blanchard Place, Apt 2</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>Kyle S. Stewart</b>			Treasurer Name <b>Kyle S. Stewart</b>		
Street Address <b>3714B Kingstown Road</b>			Street Address <b>3714B Kingstown Road</b>		
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
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		
			400		
			CNP		
			0.0000		
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. <b>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.</b>					
Name of Authorized Representative <b>Kyle S. Stewart</b>					Date <b>10/1/2019</b>
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017