



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
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 000014467		2. Exact name of the Corporation Stewart Nursery Co., Inc.			
3. Principal Office Address 3714B Kingstown Road			City West Kingston	State RI	Zip 02892
4. NAICS Code 444220 / 424930		6. Brief description of the character of business conducted in Rhode Island Nursery: Grow and sell trees and shrubs to retail and wholesale customers. Product sold directly from fields on a dig to order basis.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kyle S. Stewart			Vice-President Name Robert S. Stewart Jr.		
Street Address 3714B Kingstown Road			Street Address 14 Blanchard Place, Apt 2		
City West Kingston	State RI	Zip 02892	City Wakefield	State RI	Zip 02879
Secretary Name Kyle S. Stewart			Treasurer Name Kyle S. Stewart		
Street Address 3714B Kingstown Road			Street Address 3714B Kingstown Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 400	CLASS/SERIES CNP	PAR VALUE 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 Kyle S. Stewart				Date 10/1/2019	
Signature of Authorized Representative 				 SIGN DOCUMENT HERE RECEIVED OCT 03 2019 KL XVW50 FILED	

MAIL TO:  
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