



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 13 2020

BY

18899 OS

1. Entity ID Number 2982		2. Exact name of the Corporation T. J. Brown Landscape Contractor, Inc.												
3. Principal Office Address 23 Lucas Ave			City Newport	State RI	Zip 02840									
4. NAICS Code 541730 Services (except Pul		6. Brief description of the character of business conducted in Rhode Island To conduct a landscape gardening business												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Timothy J. Brown			Vice-President Name Timothy J. Brown Jr.											
Street Address 23 Lucas Ave			Street Address 23 Lucas Ave											
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840									
Secretary Name Timothy J. Brown, Jr.			Treasurer Name Timothy J. Brown											
Street Address 23 Lucas Ave			Street Address 23 Lucas Ave											
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840									
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	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	common	no par value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	common	no par value												
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 Timothy J. Brown					Date 2/22/20									
Signature of Authorized Representative SIGN DOCUMENT HERE														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov