



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>89464</b>		2. Name of Corporation <b>The Tree Doctor, Inc.</b>			
3. Street Address Principal Business Office <b>Schoolhouse Road</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>2238</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF TREE SERVICE.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kenneth A. Coelho, Jr.</b>			Vice President Name <b>VACANT</b>		
Street Address <b>Schoolhouse Road</b>			Street Address		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City	State	Zip
Secretary Name <b>Kenneth A. Coelho, Jr.</b>			Treasurer Name <b>Kenneth A. Coelho, Jr.</b>		
Street Address <b>Same as Above</b>			Street Address <b>Same as Above</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Kenneth A. Coelho, Jr.</b>			Director Name		
Street Address <b>Same as Above</b>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*89464\*

File Date **FILED**  
Check No. **SEP 21 2005**  
By: **By [Signature]**  
FOR SECRETARY OF STATE USE ONLY

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.

**[Signature]** 8-10-05  
Signature of Officer Date  
**Kenneth A. Coelho, Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

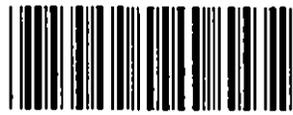
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (89464), 2. Name of Corporation (The Tree Doctor, Inc.), 3. Street Address (36 Schoolhouse Road, Warren, RI, 02885), 4. Business Phone No. (245-6172), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (2238), 7. Brief Description of the Character of Business Conducted in Rhode Island (TO ENGAGE IN THE BUSINESS OF TREE SERVICE), 8. NAMES AND ADDRESSES OF THE OFFICERS: (Kenneth A. Coelho, Jr. as President), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (100 Common, No Par).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 10/14/04
Check No.: 5836
By: AMF
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Kenneth A. Coelho, Jr.
Date: 6-6-04
Print or Type Name of Officer: Kenneth A. Coelho, Jr.
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **89464** 2. Name of Corporation **The Tree Doctor, Inc.**  
3. Street Address Principal Business Office **36 Schoolhouse Road** City **Warren** State **RI** Zip **02885**  
4. Business Phone No. **245-6172** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2238**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Tree Service**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>36 Schoolhouse Road</b> City <b>Warren</b> State <b>RI</b> Zip <b>02885</b> Secretary Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>Same as Above</b> City <b>Warren</b> State <b>RI</b> Zip <b>02885</b>	Vice President Name <b>Vacant</b> Street Address <b>Same as Above</b> City <b>Warren</b> State <b>RI</b> Zip <b>02885</b> Treasurer Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>Same as Above</b> City <b>Warren</b> State <b>RI</b> Zip <b>02885</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 4 6 4 \*

File Date: 8.12.03  
Check No.: 5573  
By: [Signature]

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.

[Signature] 2-16-03  
Signature of Officer Date  
**Kenneth A. Coelho, Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89464** 2. Name of Corporation **The Tree Doctor, Inc.**  
3. Street Address Principal Business Office **36 Schoolhouse Road** City **Warren** State **RI** Zip **02885**  
4. Business Phone No. **245-6172** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2238**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Tree Service**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>36 Schoolhouse Road</b> City <b>Warren</b> State <b>RI</b> Zip <b>02885</b>	Vice President Name <b>Vacant</b> Street Address  City State Zip
Secretary Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>Same as Above</b> City State Zip	Treasurer Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>Same as Above</b> City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 4 6 4 \*

File Date: 9-16-02  
Check No.: 5362  
By: AMF

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.

Signature of Officer: Kenneth A. Coelho, Jr. Date: 9-15-02

Print or Type Name of Officer: **President**

Title of Officer: 5



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **89464** 2. Name of Corporation **The Tree Doctor, Inc.**

3. Street Address Principal Business Office City State Zip

**36 Schoolhouse Road Warren RI 02885**

4. Business Phone No **(401) 245-6172** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code **2238**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Tree Service**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Vice President Name

**Kenneth A. Coelho Vacant**

Street Address Street Address

**36 Schoolhouse Road**

City State Zip City State Zip

**Warren RI 02885**

Secretary Name Treasurer Name

**Kenneth A. Coelho Kenneth A. Coelho**

Street Address Street Address

**Same as Above Same as Above**

City State Zip City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**1,000 SHS NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 Common No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 4 6 4 \*

File Date: 4/01/2001

Check No.: 5055

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2-28-01  
Signature of Officer Date

**Kenneth A. Coelho**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89464**      2. Name of Corporation **The Tree Doctor, Inc.**  
3. Street Address Principal Business Office      City      State      Zip  
**36 Schoolhouse Road**      **Warren**      **RI**      **02885**  
4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(401) 245-6172**      **RHODE ISLAND**      **2238**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Tree Service**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>36 Schoolhouse Road</b> City      State      Zip <b>Warren      RI      02885</b>	Vice President Name <b>Vacant</b> Street Address  City      State      Zip
Secretary Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>Same</b> City      State      Zip	Treasurer Name <b>Kenneth A. Coelho, Jr.</b> Street Address <b>Same</b> City      State      Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City      State      Zip	Director Name  Street Address  City      State      Zip
Director Name  Street Address  City      State      Zip	Director Name  Street Address  City      State      Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 SHS	NO PAR VALUE	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No Par

RECEIVED  
SECRETARY OF STATE  
JUN 26 1 36 PM '00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

**JUN 26 2000**

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.

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: SA #55      Kenneth A. Coelho, Jr.      3-5-00  
Signature of Officer      Date  
By: \_\_\_\_\_  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>89464</b>	2. Name of Corporation <b>The Tree Doctor, Inc.</b>
3. Street Address Principal Business Office <b>Schoolhouse Road</b>	City <b>Warren</b> State <b>RI</b> Zip <b>02885</b>
4. Business Phone No.	5. State of Incorporation <b>RHODE ISLAND</b>
6. SIC Code <b>2238</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Tree work</b>	

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Kenneth A. Coelho, Jr.</b>	Vice President Name <b>Vacant</b>		
Street Address <b>Schoolhouse Road</b>	Street Address		
City <b>Warren</b> State <b>RI</b> Zip <b>02885</b>	City	State	Zip
Secretary Name <b>Kenneth A. Coelho, Jr.</b>	Treasurer Name <b>Kenneth A. Coelho, Jr.</b>		
Street Address <b>Same as above</b>	Street Address <b>Same as above</b>		
City	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Kenneth A. Coelho, Jr.</b>	Director Name		
Street Address <b>Same as above</b>	Street Address		
City	City	State	Zip
Director Name	Director Name		
Street Address	Street Address		
City	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 04-06-99  
Check No.: 4703

By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 2-15-99  
Print or Type Name of Officer: Kenneth A. Coelho, Jr.  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89464** 2. Name of Corporation **The Tree Doctor, Inc.**  
3. Street Address Principal Business Office **346 Child Street** City **Warren** State **RI** Zip **02885**  
4. Business Phone No. **(401) 245-6172** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2238**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Tree Cutting and Arborist**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Kenneth A. Coelho, Jr.</b>	Vice President Name <b>Kenneth A. Coelho, Jr.</b>
Street Address <b>36 School House Road</b>	Street Address <b>See Above</b>
City <b>Warren</b> State <b>RI</b> Zip <b>02885</b>	City <b>See Above</b> State <b>RI</b> Zip <b>02885</b>
Secretary Name <b>Kenneth A. Coelho, Jr.</b>	Treasurer Name <b>Kenneth A. Coelho, Jr.</b>
Street Address <b>See Above</b>	Street Address <b>See Above</b>
City <b>Warren</b> State <b>RI</b> Zip <b>02885</b>	City <b>See Above</b> State <b>RI</b> Zip <b>02885</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>Kenneth A. Coelho, Jr.</b>	Director Name
Street Address <b>See Above</b>	Street Address
City <b>Warren</b> State <b>RI</b> Zip <b>02885</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-2-98  
Check No.: 4505  
By: ICP

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.

Kenneth A. Coelho, Jr. 3-1-98  
Signature of Officer Date  
**Kenneth A. Coelho, Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **89464**  
2. Name of Corporation **The Tree Doctor, Inc.**  
3. Street Address Principal Business Office  
**Child Street**  
City **Warren** State **RI** Zip **02885**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Tree Service**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  
President Name **Kenneth A. Coelho, Jr.**  
Street Address **Child Street**  
City **Warren** State **RI** Zip **02885**  
Secretary Name **Kenneth A. Coelho, Jr.**  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice President Name **Kenneth A. Coelho, Jr.**  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Treasurer Name **Kenneth A. Coelho, Jr.**  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			100	Common	No Par

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/13/97  
Check No.: 4297  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY



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.  
Signature of Officer: [Signature] Date: 2-17-97  
Print or Type Name of Officer: **Kenneth A. Coelho, Jr.**  
Title of Officer: **President**