



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 24 2021

BY 3064711
OS

- 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 70339		2. Exact name of the Corporation Willow Tree Landscaping, Inc.			
3. Principal Office Address 351 Woodbine Street			City Cranston	State RI	Zip 02910
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscape construction and maintenance services			
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 Craig L. Norcliffe			Vice-President Name Craig L. Norcliffe		
Street Address 351 Woodbine Street			Street Address 351 Woodbine Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Craig L. Norcliffe			Treasurer Name Craig L. Norcliffe		
Street Address 351 Woodbine Street			Street Address 351 Woodbine Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Craig L. Norcliffe			Director Name		
Street Address 351 Woodbine Street			Street Address		
City Cranston	State RI	Zip 02910	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common	None
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 Craig L. Norcliffe				Date 1/20/2021	
Signature of Authorized Representative <i>Craig L. Norcliffe</i>				SIGN DOCUMENT HERE	