



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

Annual Report for the year: **2021**

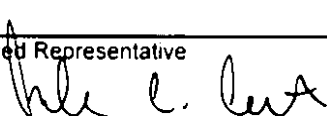
Corporation

- 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 17 2021**

BY 7957

1. Entity ID Number <b>136614</b>		2. Exact name of the Corporation <b>John C. Carter &amp; Company</b>												
3. Principal Office Address <b>960 Boston Neck Road</b>			City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>									
4. NAICS Code <b>541320</b>		6. Brief description of the character of business conducted in Rhode Island <b>To providing of landscape architect services.</b>												
5. State of Incorporation <b>Rhode Island</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>John C. Carter</b>			Vice-President Name <b>None</b>											
Street Address <b>960 Boston Neck Road</b>			Street Address											
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip									
Secretary Name <b>John C. Carter</b>			Treasurer Name <b>John C. Carter</b>											
Street Address <b>960 Boston Neck Road</b>			Street Address <b>960 Boston Neck Road</b>											
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</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											
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 <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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>No par value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No par value</b>			
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<b>100</b>	<b>Common</b>	<b>No par value</b>												
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>John C. Carter</b>				Date <b>3.9.2021</b>										
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](http://www.sos.ri.gov)