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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

**FILED** 

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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.

→ Penalty: Additional \$2					=	- U W			
1. Entity ID Number 136614		2. Exact name of the Corporation  John C. Carter & Company							
3. Principal Office Address	· · · · · · · · · · · · · · · · · · ·		City	City State Zip					
960 Boston Neck Road			Narraganse	ett	RI	02882			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island							
541320	To providi	To providing of landscape architect services.							
5. State of Incorporation		_							
Rhode Island									
7. List ALL officers (names a	ind addresses)			Chec	k the box to i	ndicate an attachment			
President Name John C. Carl	ter		Vice-President Name None						
Street Address 960 Boston N	Street Address	Street Address							
City Narragansett	State RI	Z <sub>IP</sub> 02882	City	City		Zip			
Secretary Name John C. Carl	•		Treasurer Name John C. Carter						
Street Address 960 Boston N	Neck Road	~	Street Address	Street Address 960 Boston Neck Road					
City Narragansett	State RI	<sup>Zip</sup> 02882		Narragansett		Zip 02882			
8. List ALL directors (names	and addresses)			Chec	k the box to	indicate an attachment			
Director Name None			Director Name	<del></del>					
Street Address				Street Address					
City	State	Zip	City		State	Zip			
Director Name	<u></u>		Director Name	<u>.                                    </u>					
			-:						
Street Address			Street Address	S					
City	State	Zip	City	<u> </u>	State	Zip			
9. Shares Authorized		10. Shares Iss				ndicate an attachment			
This Information is currently of Department of State.	of record in the	NUMBER O	OF SHARES	CLASS/SERI Common	IFS	PAR VALUE  No par value			
Changes require an additiona	Changes require an additional filing.			Common		No par value			
			'						
11. This report must be executive to the control of					oration is in	the hands of a receiver o			
trustee, this report must be e Under penalty of perjury, I					mpanying s	chedules and			
statements, and that all st	atements contained		•	more any and					
Name of Authorized Represe	entative			<u> </u>	Date				
John C. Carter					3.9.2021				
Signature of Authorized Rep	resentative	A SIGN DC	OCUMENT 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