RI SOS Filing Number: 202100546640 Date: 8/30/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation
000097211	Lawrence's Corrective Tree Care, Inc.

3. Principal Office Address	City	State	Zip
90 Wood Cove Drive	Coventry	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561730	Tree care services
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Marc C. Lawrence	Marc C. Lawrence
Street Address: 90 Wood Cove Drive	Street Address: 90 Wood Cove Drive
City: Coventry, State: RI, Zip: 02816	City: Coventry, State: RI, Zip: 02816
Secretary Name	**Treasurer Name**
Marc C. Lawrence	Marc C. Lawrence
Street Address: 90 Wood Cove Drive	Street Address: 90 Wood Cove Drive
City: Coventry, State: RI, Zip: 02816	City: Coventry, State: RI, Zip: 02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	No par
Changes require an additional filing.			

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	Date
Marc C. Lawrence	8.2.21

Signature of Authorized Representative

X

FILED
AUG 30 2021
BY 1276 AA.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020