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2022 FEB 22 A 9 05



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000061157		2. Exact name of the Corporation White Birch Landscaping, Inc.			
3. Principal Office Address 10 Rangeley Road			City Cranston	State RI	Zip 02920
4. NAICS Code 238140		6. Brief description of the character of business conducted in Rhode Island Landscape/Construction			
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 DONALD B. COLETTI, JR.			Vice-President Name DONALD B. COLETTI, JR.		
Street Address 10 Rangeley Road			Street Address 10 Rangeley Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name DONALD B. COLETTI, JR.			Treasurer Name DONALD B. COLETTI, JR.		
Street Address 10 Rangeley Road			Street Address 10 Rangeley Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 DONALD B. COLETTI, JR.				Date 2/15/22	
Signature of Authorized Representative 				FILED	

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

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