



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

STAMP

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SECRETARY OF STATE  
USE ONLY

2023 FEB 10 2 1:17

1 Entity ID Number <b>109915</b>		2 Exact name of the Corporation <b>James Turtle Landscaping Inc.</b>												
3. Principal Office Address <b>48 Garden Hills Drive</b>			City <b>Cranston</b>		State <b>RI</b>									
			Zip <b>02920</b>											
4 NAICS Code <b>561730</b>		6 Brief description of the character of business conducted in Rhode Island <b>To provide landscaping 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>James Turtle</b>			Vice-President Name											
Street Address <b>48 Garden Hills Drive</b>			Street Address											
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip									
Secretary Name <b>James Turtle</b>			Treasurer Name <b>James Turtle</b>											
Street Address <b>48 Garden Hills Drive</b>			Street Address <b>48 Garden Hills Drive</b>											
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</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			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>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
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100	COMMON	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.														
<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>James Turtle, President</b>					Date <b>1/20/23</b>									
Signature of Authorized Representative 					<b>FILED</b>									

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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FORM 630 - Revised: 11/2021