



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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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.			NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
			<b>100</b>	<b>COMMON</b>	<b>NO PAR</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>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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