RI SOS Filing Number: 202328875140 Date: 2/17/2023 4:00:00 PM

(B)
Annua
Corpo

State of Rhode Island

Department of State - Business Services Division

al Report for the year: 2023

STAME

poration

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB	17	2023	\$ 1
71	01	09	&)

1. Entity ID Number	2. Exact name of the Corporation							
76916	TIGER TREE AND LANDSCAPING, INC.							
Principal Office Address	-		City		State	Zip		
409 East Road			Tiverton		RI	02878		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
541320	Tree and landscaping construction.							
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
resident Name James W. Pelletier			Vice-President Name James W. Pelletier					
Street Address 409 East Road			Street Address 409 East Road					
^{City} Tiverton	State RI	^{Z_{IP}} 02878	City Tiverto	n	State RI	^{Zip} 02878		
Secretary Name James W. Pelleti	er	•	Treasurer Name James W. Pelletier					
Street Address 409 East Road		Street Address 409 East Road						
City Tiverton	State RJ	Z _{IP} 02878	City Tiverton		State RI	^{Z_{ip}} 02878		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name James W. Pelletier			Director Name					
Street Address 409 East Road			Street Address					
City Tiverton	State RI	^{Zip} 02878	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				
This information is currently of record in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
Changes require an additional filing.		100		COMMON		NO PAR VALUE		
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 periury, I declar	e and affirm ti	hat I have examine	ne receiver or tr ed this report, it	ustee. ncluding anv accome	anving se	hedules and		
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								
James W. Pelletier $\times 2/14/23$								
Signature of Authorized Representa	ative							

MAIL TO: Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov