



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.

FILED

FEB 27 2023

BY 7828 RS

1. Entity ID Number 1681799		2. Exact name of the Corporation NORTH SMITHFIELD TREE SERVICE, INC.			
3. Principal Office Address 400 Providence Pike			City North Smithfield	State RI	Zip 02896
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island LANSCAPING, CUTTING OF TREES, SELLING FIREWOOD				
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 GREGORY MONGEON			Vice-President Name N/A		
Street Address 238 Main Street			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name GREGORY MONGEON			Treasurer Name GREGORY MONGEON		
Street Address 238 Main Street			Street Address 238 Main Street		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GREGORY MONGEON			Director Name		
Street Address 238 Main Street			Street Address		
City North Smithfield	State RI	Zip 02896	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 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 GREGORY MONGEON, PRESIDENT					Date February 21, 2023
Signature of Authorized Representative 					