



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 <b>1681799</b>		2. Exact name of the Corporation <b>NORTH SMITHFIELD TREE SERVICE, INC.</b>			
3. Principal Office Address <b>400 Providence Pike</b>		City <b>North Smithfield</b>		State <b>RI</b>	Zip <b>02896</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>LANSCAPING, CUTTING OF TREES, SELLING FIREWOOD</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>GREGORY MONGEON</b>			Vice-President Name <b>N/A</b>		
Street Address <b>238 Main Street</b>			Street Address		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Secretary Name <b>GREGORY MONGEON</b>			Treasurer Name <b>GREGORY MONGEON</b>		
Street Address <b>238 Main Street</b>			Street Address <b>238 Main Street</b>		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</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 <b>GREGORY MONGEON</b>			Director Name		
Street Address <b>238 Main Street</b>			Street Address		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City	State	Zip
Director Name			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR VALUE</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>GREGORY MONGEON, PRESIDENT</b>				Date <b>February 21, 2023</b>	
Signature of Authorized Representative 					

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

FORM 630 - Revised: 2/2023