



State of Rhode Island  
 Department of State - Business Services Division

**FILED**  
 MAR 22 2023  
 STAMP  
 BY *[Signature]*  
 DEPARTMENT OF STATE

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.

1. Entity ID Number <b>105845</b>		2. Exact name of the Corporation <b>C. JOHNSON LANDSCAPE COMPANY, INC.</b>			
3. Principal Office Address <b>240 Pippin Orchard Road</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>To provide landscaping services of every nature and description.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Charles E. Johnson</b>			Vice-President Name <b>Chad Johnson</b>		
Street Address <b>240 Pippin Orchard Road</b>			Street Address <b>240 Pippin Orchard Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Joanne R. Johnson</b>			Treasurer Name <b>Joanne R. Johnson</b>		
Street Address <b>240 Pippin Orchard Road</b>			Street Address <b>240 Pippin Orchard Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
Director Name <b>Charles E. Johnson</b>			Director Name <b>Joanne R. Johnson</b>		
Street Address <b>240 Pippin Orchard Road</b>			Street Address <b>240 Pippin Orchard Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		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. <i>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.</i>					
Name of Authorized Representative <b>Charles E. Johnson</b>					Date <b>3/20/23</b>
Signature of Authorized Representative <i>[Signature]</i>					