



State of Rhode Island

Department of State - Business Services Division

FILED

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BY

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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040