



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR - 7 A 10: 06

1. Entity ID Number 000136614		2. Exact name of the Corporation John C. Carter & Company												
3. Principal Office Address 960 Boston Neck Road		City Narragansett		State RI	Zip 02882									
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island The providing of landscape architect services.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name John C. Carter			Vice-President Name None											
Street Address 960 Boston Neck Road			Street Address											
City Narragansett	State RI	Zip 02882	City	State	Zip									
Secretary Name John C. Carter			Treasurer Name John C. Carter											
Street Address 960 Boston Neck Road			Street Address 960 Boston Neck Road											
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name N/A			Director Name											
Street Address			Street Address											
City	State	Zip	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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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 John C. Carter				Date 3-23-23										
Signature of Authorized Representative 														

FILED

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

APR 07 2023
BY ML 29223

FORM 630 - Revised: 11/2021