



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 Amended
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <u>1659538</u>		2. Exact name of the Corporation <u>Potters planter Lawn + Tree Service</u>	
3. Principal Office Address <u>101 Potter St</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>561730</u>		6. Brief description of the character of business conducted in Rhode Island <u>Lawn maintenance and care for plants</u>	
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment	
President Name <u>Richard J. Villella Jr.</u>		Vice-President Name <u>Frederick G. Potter</u>	
Street Address <u>750 Quaker Lane #B210</u>		Street Address <u>101 Potter St.</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02910</u>		Zip <u>02910</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>300</u>	
		<u>CNP</u>	
		<u>0</u>	
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 <u>Frederick G. Potter</u>		Date <u>4/17/23</u>	
Signature of Authorized Representative <u>Frederick G. Potter</u>		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

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FORM 630 - Revised: 2/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 17, 2023 02:03 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

