



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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BUSINESS SERVICES DIVISION

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1. Entity ID Number <u>1659538</u>		2. Exact name of the Corporation <u>POTTERS PLANTERS LAWN + TREE SERVICE</u>			
3. Principal Office Address <u>101 POTTER ST</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</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) Check the box to indicate an attachment <input type="checkbox"/>					
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>	Zip	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02910</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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.			NUMBER OF SHARES		
			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>Fredrick 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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