



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.

STAMP

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

1. Entity ID Number 000076280		2. Exact name of the Corporation MIKE'S PROFESSIONAL TREE SERVICE, INC.			
3. Principal Office Address 17 RESERVOIR ROAD		City COVENTRY		State RI	Zip 02816
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE GENERAL TREE SERVICING AND REMOVAL OF TREES				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MICHAEL P. BAIRD			Vice-President Name		
Street Address 17 RESERVOIR ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name MICHAEL . BAIRD			Treasurer Name		
Street Address 17 RESERVOIR ROAD			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES      CLASS/SERIES      PAR VALUE		
			600      STK      0.01		
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. <b>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.</b>					
Name of Authorized Representative Albert E. Medici, Jr., Esq.				Date 4/15/2023	
Signature of Authorized Representative 					

FILED

MAY 16 2023

BY ML 2056