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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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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| Penaity. Additional \$25. | | | | | | | | | |
|---|-----------------------|---|--------------------------------------|-----------------------------|----------------|----------------------------|--|--|--|
| 1. Entity ID Number | | 2. Exact name of the Corporation | | | | | | | |
| 109915 | James | James Turtle Landscaping Inc. | | | | | | | |
| Principal Office Address | <u> </u> | | City | | State | Zip | | | |
| 48 Garden Hills Drive | | | Cranstor | า | RI | 02920 | | | |
| 4. NAICS Code | 6. Brief descr | 6. Brief description of the character of business conducted in Rhode Island | | | | | | | |
| 561730 | To provid | To provide landscaping services. | | | | | | | |
| 5. State of Incorporation | | | | | | | | | |
| Rhode Island | | | | | | | | | |
| 7. List ALL officers (names and | l addresses) | | | | he box to | indicate an attachment | | | |
| President Name James Turt | le | | Vice-President Name | | | | | | |
| | 48 Garden Hills Drive | | | | Street Address | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | City | | State | Zip | | | |
| Secretary Name James Turt | | | | Treasurer Name James Turtie | | | | | |
| Street Address 48 Garden Hills Drive | | | Street Address 48 Garden Hills Drive | | | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | City Crans | Cranston | | I Zip 02920 | | | |
| 8. List ALL directors (names ar | nd addresses) | | | | he box to | indicate an attachment 🔲 | | | |
| Director Name | | | Director Nami | e | | | | | |
| Street Address | | | Street Address | | | | | | |
| City | State | Zıp | City | | State | Zip | | | |
| Director Name | . | Director Name | | | | | | | |
| Street Address | | | Street Addres | s | | | | | |
| City | State | Zıp | City | | State | Zip | | | |
| 9. Shares Authorized | | 10. Shares Iss | | | | indicate an attachment | | | |
| This information is currently of r Department of State. | ecord in the | NUMBER OF | | | | | | | |
| , | | 100 | | COMMON | | NO PAR | | | |
| Changes require an additional filing. | | | | | | | | | |
| 11. This report must be execute | ed on behalf of the | corporation by an a | uthorized repre | sentative. If the corpor | ration is in | the hands of a receiver or | | | |
| trustee, this report must be exe | ecuted on behalf of | the corporation by | the receiver or t | rustee | | | | | |
| Under penalty of perjury, I de statements, and that all state | | | | including any accom | panying s | chedules and | | | |
| | | | | | | Date 0 / /- | | | |
| James Turtle, President | | | | | | 1919004 | | | |
| Signature of Authorized Repres | sentative | 100 | | | | | | | |
| | / V | 1 | | | | | | | |
| MAIL TO: | | _ | <i>\</i> | | | · | | | |

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

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021