



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.

FILED TAMP

APR 26 2024
BY 33901

1. Entity ID Number 000117904		2. Exact name of the Corporation TJ Landscape Design and Construction, Inc. DS			
3. Principal Office Address 163 Upper Canal Street			City Westerly	State RI	Zip 02891
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Landscaping and snow removal business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julieta G. Sherman			Vice-President Name Edward Sherman		
Street Address 163 Upper Canal Street			Street Address 163 Upper Canal Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Julieta G. Sherman			Treasurer Name Julieta G. Sherman		
Street Address 163 Upper Canal Street			Street Address 163 Upper Canal Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
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
			100		Common
			PAR VALUE		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.					
<i>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.</i>					
Name of Authorized Representative Edward Sherman, Vice President					Date ✓ 4/10/24
Signature of Authorized Representative 					

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