



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.

 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

2024 SEP 12 AM 11:03

1. Entity ID Number 160200		2. Exact name of the Corporation Mister Tree, Inc.			
3. Principal Office Address 94 Bates School House Road			City Exeter	State RI	Zip 02822
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Tree removal and trimming services			
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 Scott Labossiere			Vice-President Name Scott Labossiere		
Street Address 94 Bates School House Road			Street Address 94 Bates School House Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Scott Labossiere			Treasurer Name Scott Labossiere		
Street Address 94 Bates School House Road			Street Address 94 Bates School House Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Scott Labossiere			Director Name		
Street Address 94 Bates School House Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	Common	.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. 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 Scott Labossiere				Date 9/10/2024	
Signature of Authorized Representative <i>Scott Labossiere</i>				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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BY *LF638*  
FORM 630-000-0000-01/2021

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