

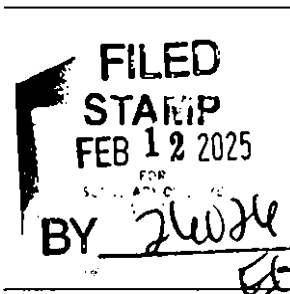


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 88691		2. Exact name of the Corporation Rocky's Tree Service, Inc.			
3. Principal Office Address 539 Klondike Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 115310		6. Brief description of the character of business conducted in Rhode Island providing a complete forestry service			
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 Ronald G. Harkness, Sr.			Vice-President Name Ronald G. Harkness, Jr.		
Street Address 151 Kuehn Road			Street Address 151 Kuehn Road		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Secretary Name Jane M. Harkness			Treasurer Name Jane M. Harkness		
Street Address 151 Kuehn Road			Street Address 151 Kuehn Road		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ronald G. Harkness, Jr.			Director Name		
Street Address 151 Kuehn Road			Street Address		
City Ashaway	State RI	Zip 02804	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	
		none		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 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 Ronald G. Harkness, Sr.				Date 24-25	
Signature of Authorized Representative <i>Ronald G. Harkness Sr.</i>					

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