



State of Rhode Island  
Department of State - Business Services Division

FILED  
MAR 04 2025  
BY 2814

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 <b>000132379</b>		2. Exact name of the Corporation <b>Cedar Tree &amp; Landscape Service, Inc.</b>			
3. Principal Office Address <b>861 Frenchtown Road</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>LANDSCAPING SERVICES</b>			
5. State of Incorporation <b>Rhode Island</b>		TITLE: <b>7-1.1-51</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William G. Bremer</b>			Vice-President Name <b>William G. Bremer</b>		
Street Address <b>861 Frenchtown Road</b>			Street Address <b>861 Frenchtown Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>William G. Bremer</b>			Treasurer Name <b>William G. Bremer</b>		
Street Address <b>861 Frenchtown Road</b>			Street Address <b>861 Frenchtown Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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		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	PAR VALUE
		<b>200</b>		<b>Common</b>	<b>No Par</b>
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 <b>William G. Bremer</b>					Date <b>3/1/25</b>
Signature of Authorized Representative 					

MAIL TO:  
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