



State of Rhode Island  
Department of State - Business Services Division

**FILED**  
**STAMP**  
MAR 07 2025

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.

*CAN*

BY 8154

|   |                    |  |   |                    |                         |
|---|--------------------|--|---|--------------------|-------------------------|
| 1. Entry ID Number<br><b>76916</b>  |                    | 2. Exact name of the Corporation<br><b>TIGER TREE AND LANDSCAPING, INC.</b>  |   |                    |                         |
| 3. Principal Office Address<br><b>409 East Road</b>   |                    |  | City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>     |
| 4. NAICS Code<br><b>541320</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Tree and landscaping construction.</b> |   |                    |                         |
| 5. State of Incorporation<br><b>Rhode Island</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<br><b>James W. Pelletier</b>   |                    |  | Vice-President Name<br><b>James W. Pelletier</b>  |                    |                         |
| Street Address<br><b>409 East Road</b>  |                    |  | Street Address<br><b>409 East Road</b>  |                    |                         |
| City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>  | City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>     |
| Secretary Name<br><b>James W. Pelletier</b>   |                    |  | Treasurer Name<br><b>James W. Pelletier</b>   |                    |                         |
| Street Address<br><b>409 East Road</b>  |                    |  | Street Address<br><b>409 East Road</b>  |                    |                         |
| City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>  | City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</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<br><b>James W. Pelletier</b>  |                    |  | Director Name   |                    |                         |
| Street Address<br><b>409 East Road</b>  |                    |  | Street Address  |                    |                         |
| City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>  | City  | State              | Zip                     |
| Director Name   |                    |  | Director Name   |                    |                         |
| Street Address  |                    |  | Street Address  |                    |                         |
| City  | State              | Zip  | City  | State              | Zip                     |
| 9. Shares Authorized  |                    |  |   |                    |                         |
| This information is currently of record in the Department of State.   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                         |
| Changes require an additional filing.   |                    |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE               |
|   |                    |  | <b>100</b>  | <b>COMMON</b>      | <b>No Par Value</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   |                    |  |   |                    | Date<br><b>3/4/2025</b> |
| Signature of Authorized Representative  |                    |  |   |                    |                         |

MAIL TO:  
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