



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.

CBA

BY 8154

1. Entry ID Number 76916		2. Exact name of the Corporation TIGER TREE AND LANDSCAPING, INC.			
3. Principal Office Address 409 East Road			City Tiverton	State RI	Zip 02878
4. NAICS Code 541320		6. Brief description of the character of business conducted in Rhode Island Tree and landscaping construction.			
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 James W. Pelletier			Vice-President Name James W. Pelletier		
Street Address 409 East Road			Street Address 409 East Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name James W. Pelletier			Treasurer Name James W. Pelletier		
Street Address 409 East Road			Street Address 409 East Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James W. Pelletier			Director Name		
Street Address 409 East Road			Street Address		
City Tiverton	State RI	Zip 02878	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	PAR VALUE
		100	COMMON	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					Date 3/4/2025
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