



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000482700		2. Exact name of the Corporation G.A.SMITH INCORPRATED			
3. Principal office address 499 COOPER ROAD			City GLOCESTER	State RI	Zip 02814
4. Business Phone No. 401-626-1295			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island LANDSCAPE DESIGN					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GARY A SMITH			Vice-President Name STACY A SMITH		
Street Address 499 COOPER ROAD			Street Address 499 COOPER ROAD		
City GLOCESTER	State RI	Zip 02814	City GLOCESTER	State RI	Zip 02814
Secretary Name STACY A SMITH			Treasurer Name GARY A SMITH		
Street Address 499 COOPER ROAD			Street Address 499 COOPER ROAD		
City GLOCESTER	State RI	Zip 02814	City GLOCESTER	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GARY A SMITH			Director Name STACY A SMITH		
Street Address 499 COOPER ROAD			Street Address 499 COOPER ROAD		
City GLOCESTER	State RI	Zip 02814	City GLOCESTER	State RI	Zip 02814
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000		.01

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 CORPORATIONS DIV

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.

File Date _____
 Check No _____
 By: _____

FILED

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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.

Signature of Authorized Representative: *Gary A Smith* Date: *9/7/12*

GARY A SMITH

Print or Type Name of Authorized Representative

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