



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 119518		2. Name of Corporation Outdoor World of New England, Inc.	
3. Street Address Principal Business Office 24 Lehoux Drive		City Hooksett	State NH
		Zip 03106	
4. Business Phone No. (603) 625-6620		5. State of Incorporation NEW HAMPSHIRE	
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE RETAIL LANDSCAPING SUPPLY, PRODUCT AND SERVICE CENTERS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dean M. Boylan, Jr.		Vice President Name	
Street Address 100 N. Washington Street		Street Address	
City Boston	State MA	City	State
Zip 02114		City	State
Secretary Name Jeanne-Marie Boylan		Treasurer Name Jeanne-Marie Boylan	
Street Address 100 N. Washington Street		Street Address 100 N. Washington Street	
City Boston	State MA	City Boston	State MA
Zip 02114		City Boston	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS	
Director Name Jeanne-Marie Boylan		Director Name Dean M. Boylan, Jr.	
Street Address 100 N. Washington Street		Street Address 100 N. Washington Street	
City Boston	State MA	City Boston	State MA
Zip 02114		City Boston	State MA
Director Name Dean M. Boylan, Sr.		Director Name	
Street Address 100 N. Washington Street		Street Address	
City Boston	State MA	City	State
Zip 02114		City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES --- THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares
10 NO PAR VALUE			10
			No par value

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.



119518

File Date 8-3-07
Check No. 17822 & 16767
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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 Jeanne-Marie Boylan Date 2/22/07
Print or Type Name
Jeanne-Marie Boylan
Treasurer
Title