



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

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. 68411		2. Name of Corporation Windmill Landscaping, Inc.			
3. Street Address Principal Business Office 145 Windmill Street			City North Providence	State RI	Zip
4. Business Phone No. 401-724-4318		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles Moroni, Jr.			Vice President Name		
Street Address 15 Kennedy Drive			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Ralph R. Moroni			Treasurer Name Charles Moroni, Jr.		
Street Address 145 Windmill Street			Street Address 145 Windmill Street		
City North Providence	State RI	Zip 02903	City North Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles Moroni, Jr.			Director Name Charles Moroni, Jr.		
Street Address 15 Kennedy Drive			Street Address 145 Windmill Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Ralph R. Moroni			Director Name		
Street Address 145 Windmill Street			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
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	Class/Series	Par Value
600	Common	No Par Value	600	Common	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.

File Date	<b>FILED</b>
Check No.	<b>MAR 04 2008</b>
By:	<b>By 5917 KM</b>
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.

Charles Moroni Jr 2/18/08  
Signature Date  
Charles Moroni Jr  
Print or Type Name  
President  
Title