

2. Name of Corporation

1. Corporate ID No.

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

Form 630 Rev. 12/06

401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

112100 BIG RIVER ENTERPRISES INC					
3. Street Address Principal Business C	office	_	Gity	State	Zip
160 PlANMEETIN  4. Business Phone No.	k House		WEST GREENWICH	R.I.	02817
	220	5. State of Incorporation	15/4 >>		
401 - 862 - 0 6. Brief Description of the Character of	of Reviewer Conducted in F	R40DE	TOLAND		
Proporti Nouseut + 11 Nouseut - 7-14+ There					
PROPERTY MANAGMENT - LANDSCADIST - RELATED I TEMS  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name		( 11 2011 1011 1111	Vice President Name	o abi oku obino ni i	ACHIMEN IS
BRIAN J. LEYDEN			Same as President		
Street Address			Street Address		
160 PlAISMEET	WITH HOUSE	(C)			
City	State	Zψ	City	State	Zip
WEST GREEDWICH	R.I.	02817			
Secretary Name			Treasurer Name		,
Same as President			SAME as President		
Street Address			Street Address		
	La	la.		T.,	<u></u>
Gity	State	ΖΨ	City	State	Zip
R NAMES AND ADDRESSE	 OF THE DIRECTOR	 \$,	; "ACHMENT) [7] EIST IN COA	THE BEECHE HEIMS AT	TACHMUNTS
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS   Director Name					
BRIAN J.	LEHDEN		Directiff Name	1/4 NONE	
Street Address			Street Address	JA/ NONE	
160 PlaiNMEETI	of House T	<b>2</b> 9		/	
City	State	Zip	City	State	Zip
WEST GREENWICH	B.I.	02817			1
Director Name			Director Name		
M/A/ NONE			M/A/NONE		
Street Address /			Street Address		
			•		
City	State	Ζψ	City	State	Zip
A SHARPS ATTENDANTED CO					
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Spares	Cussyseries	Par Value	Number of Shares	Class/Series	Par Value
(a)		500 valor	100		210 Par Value
	No	DAR VALUE	ruu		A. D. TAK VAIDE
			*		]
This report must be executed	on behalf of the corn	oration by an authorize	d representative. If the corpore	tion is in the hands of :	receives os trustos
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.					
•					
			** 1	*	
				I declare and affirm that I	
including any accompanying schedules and statements, and that all statemen  contained herein are true and correct					
File Date = FI FD			A	01	2-11-00
The Date - ILEU		!	- The street of	forth-	3-11-08 Date
Check No.					
MAK			DRIAN'I! LEYDEN		
By:			Print or Type Name		
FOR SECRETARY OF STA	TE LISE ONLY	·	tresident "	<del></del>	
I STOREGISTANT OF SIA			Title		