



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83000		2. Name of Corporation Hall's Mowing Service, Inc.			
3. Street Address Principal Business Office 522 CONNECTICUT AVENUE, PO BOX 83			City BLOCK ISLAND	State RI	Zip 02807
4. Business Phone No. 4014665469		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MOWING AND LAND MAINTENANCE.					
8. NAMES AND ADDRESSES OF THE OFFICERS (A BOX FOR ATTORNEY <input type="checkbox"/> FILE IN SPACE BEFORE THIS PAGE PLEASE)					
President Name Glen Hall			Vice President Name John S. Pfarr, Assistant Secretary		
Street Address 522 Connecticut Avenue, P.O. Box 83			Street Address 14 Plains Road		
City Block Island	State RI	Zip 02807	City Essex	State CT	Zip 06426
Secretary Name Glen Hall			Treasurer Name Glen Hall		
Street Address 522 Connecticut Avenue, P.O. Box 83			Street Address 522 Connecticut Avenue, P.O. Box 83		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS (A BOX FOR ATTORNEY <input type="checkbox"/> FILE IN SPACE BEFORE THIS PAGE PLEASE)					
Director Name Glen Hall			Director Name		
Street Address 522 Connecticut Avenue, P.O. Box 83			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES (AUTHORIZED OR BOX FOR ATTORNEY <input type="checkbox"/> 11. SHARES ISSUED (A BOX FOR ATTORNEY <input type="checkbox"/>)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	Common	\$1 Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 3 0 0 0

83000 DBC 01/06/05 11:12:20 AM

File Date **FILED**

Check No. **MAR 31 2008**

By: 92

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.

John S. Pfarr 1/25/08

Signature of Officer Date

John S. Pfarr

Print or Type Name of Officer

Assistant Secretary

Title of Officer