



**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. 72338		2. Name of Corporation HUTCHINS LAWN SERVICE, INC.			
3. Street Address Principal Business Office OLD TOWN ROAD PO BOX 885			City BLOCK ISLAND	State RI	Zip 02807
4. Business Phone No. 4014662136		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island FOR LAWN MAINTENANCE, GARDEN MAINTENANCE, SALES AND SERVICE OF LAWN EQUIPMENT.					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE IS (SEE ATTACHMENTS)					
President Name William J. Hutchins, Jr.			Vice President Name John S. Pfarr, Assistant Secretary		
Street Address Old Town Road, P.O. Box 885			Street Address 14 Plains Road		
City Block Island	State RI	Zip 02807	City Essex	State CT	Zip 06426
Secretary Name Joanne Hutchins			Treasurer Name William J. Hutchins, Jr.		
Street Address Old Town Road, P.O. Box 885			Street Address Old Town Road, P.O. Box 885		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE IS (SEE ATTACHMENTS)					
Director Name William J. Hutchins, Jr.			Director Name Joanne Hutchins		
Street Address Old Town Road, P.O. Box 885			Street Address Old Town Road, P.O. Box 885		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	Common	No Par Value

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



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FILED

File Date: **MAR 31 2008**

Check No. 90

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] 1/25/08

Signature of Officer: **John S. Pfarr** Date

Print or Type Name of Officer: **Assistant Secretary**

Title of Officer