



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

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 94583		2. Name of Corporation RHODE ISLAND GREEN, INC.			
3. Street Address Principal Business Office 6145 POST ROAD		City N. KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. (401) 884-6464		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO TAKE CARE OF LAWNS FOR PROFIT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN A. CAMPO		Vice President Name SAME			
Street Address 6145 POST ROAD		Street Address			
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name SAME		Treasurer Name SAME			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEVEN A. CAMPO		Director Name NONE			
Street Address 6145 POST ROAD		Street Address			
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 1,000 NO PAR VALUE		Number of Shares NONE	Class/Series	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.

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 Steve Campo Date 1/22/09  
Print or Type Name STEVEN A. CAMPO  
Title PRESIDENT

<b>FILED</b>	
File Date	<u>JAN 26 2009</u>
Check No.	<u>By 7902</u>
By	<u>FOR SECRETARY OF STATE USE ONLY</u>