



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 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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 3053		2. Name of Corporation BUDZIAK ENTERPRISES, INC.			
3. Street Address Principal Business Office 429 FAIRVIEW AVENUE			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401-821-5219		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island NURSERY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAYMOND S. BUDZIAK, JR.			Vice President Name		
Street Address 429 FAIRVIEW AVENUE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name RAYMOND S. BUDZIAK, III			Treasurer Name RAYMOND S. BUDZIAK, III		
Street Address 429 FAIRVIEW AVENUE			Street Address 429 FAIRVIEW AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RAYMOND S. BUDZIAK, JR.			Director Name RAYMOND S. BUDZIAK, III		
Street Address 429 FAIRVIEW AVENUE			Street Address 429 FAIRVIEW AVENUE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
100	NO PAR VALUE		100	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	FILED
Check No.	JAN 28 2009
By:	By <u>20554</u>
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.

Raymond S. Budziak Jr 1/27/09
Signature Date
Raymond S. Budziak, Jr.
Print or Type Name
President
Title