



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. 14583		2. Name of Corporation NATURE'S WAY LANDSCAPING INC.			
3. Street Address Principal Business Office 2953 HARTFORD AVE		City JOSHUA		State R.I.	Zip 02919
4. Business Phone No. 949-5700		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MAINTENANCE + CONSTRUCTION COMM. + RES. LANDSCAPING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WILLIAM RAINCARE			Vice President Name ANTHONY RAINCARE		
Street Address 354 CHERMIST HILL RD			Street Address 28 HOLTMAN AVE		
City CHESAPEL	State R.I.	Zip 02814	City CUMBERLAND	State R.I.	Zip 02864
Secretary Name ANTHONY RAINCARE			Treasurer Name WILLIAM RAINCARE		
Street Address 28 HOLTMAN AVE			Street Address 354 CHERMIST HILL RD		
City CUMBERLAND	State R.I.	Zip 02864	City CHESAPEL	State R.I.	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 600 NO PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
-0-					
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.					

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	1-28-09
Check No.	4148
By:	MNC
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: William Raincare Date: 1/27/09
Print or Type Name: WILLIAM RAINCARE
Title: PRESIDENT