



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(c), 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. 152544		2. Name of Corporation DES Corporation	
3. Street Address Principal Business Office 1065 Warwick Ave		City Warwick	State RI
4. Business Phone No. 401-782-6294		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island sell grass seed			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dennis Combs		Vice President Name Edward Grossman	
Street Address 587 SW 3rd St.		Street Address 30 Sweet Meadows Ct. #7	
City Lake Oswego	State OR	City Narragansett	State RI
Zip 97034		Zip 02882	
Secretary Name Dan Miller		Treasurer Name Carol Combs	
Street Address 587 S.W. 3rd St.		Street Address 587 S.W. 3rd St.	
City Lake Oswego	State OR	City Lake Oswego	State OR
Zip 97034		Zip 97034	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Dennis Combs		Director Name Edward Grossman	
Street Address 587 S.W. 3rd St.		Street Address 30 Sweet Meadows Ct. #7	
City Lake Oswego	State OR	City Narragansett	State RI
Zip 97034		Zip 02882	
Director Name Dan Miller		Director Name Carol Combs	
Street Address 587 SW 3rd St.		Street Address 587 SW 3rd St.	
City Lake Oswego	State OR	City Lake Oswego	State OR
Zip 97034		Zip 97034	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		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.

File Date **FILED**

Check No. **FEB 24 2009**

By: **1775**

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 **Edward Grossman** Date **2/23/09**

Print or Type Name **Edward Grossman**

Title **Vice President**