



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 02904-2611
401.222.3000

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. 66701		2. Name of Corporation LENNON LAWN SERVICE, INC.	
3. Street Address Principal Business Office 20 MOURNING DOVE DRIVE			
4. Business Phone No. 401-826-8271		City SAUNDERSTOWN	State Rhode Island
		Zip 02874	5. State of Incorporation Rhode Island
6. Brief Description of the Character of Business Conducted in Rhode Island To own and operate the business of lawncare specialists, landscape gardeners, floriculturists, nurserymen, etc.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name EDWARD R. LENNON		Vice President Name EDWARD R. LENNON	
Street Address 20 MOURNING DOVE DRIVE		Street Address 20 MOURNING DOVE DRIVE	
City SAUNDERSTOWN	State Rhode Island	City SAUNDERSTOWN	State Rhode Island
Zip 02874		Zip 02874	
Secretary Name EDWARD R. LENNON		Treasurer Name EDWARD R. LENNON	
Street Address 20 MOURNING DOVE DRIVE		Street Address 20 MOURNING DOVE DRIVE	
City SAUNDERSTOWN	State Rhode Island	City SAUNDERSTOWN	State Rhode Island
Zip 02874		Zip 02874	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name EDWARD R. LENNON		Director Name	
Street Address 260 SOUTH COUNTY TRAIL		Street Address	
City SAUNDERSTOWN	State Rhode Island	City	State
Zip 02874		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	
200 No Par Value	Common	NONE	
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	FILED
Check No.	FEB 25 2009
By:	By 5251
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
Date **2/22/09**
EDWARD R. LENNON
Print or Type Name
President
Title