

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 there (30) day

subject to a penalty fee of \$25.00.		varion juiling or replaying to the its unit		ys agus voe une preserioeu vy a	in (n.i.d.L. /-1.2-1)01(tera,
1. Corporate ID No. 136614	2. Name of Corporation  John C. Carter & Company				
3. Street Address Principal Business Office 960 Boston Neck Road			City Narragansett	State RI	<sup>Zip</sup> 02882
4. Business Phone No. (401) 783-3500 State of Incorporation Rhode Island					
6. Brief Description of the Characte The providing of landscap	er of Business Condu be architect serv	icted in Rhode Island IC <b>e</b> S.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name  John C. Carter			CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  None		
Street Address 960 Boston Neck Road			Street Address		
City Narragansett	State RI	<sup>Zip</sup> 02882	Сиу	State	Zip
Secretary Name John C. Carter			Treasurer Name John C. Carter		
Street Address 960 Boston Neck Road			Street Address 960 Boston Neck Road		
շայ Narragansett	State RI	<sup>Zip</sup> 02882	City Narragansett	State RI	Ζίρ 02882
8. NAMES AND ADDRESSE Director Name None	ES OF THE DIRI	ECTORS: ("X" BOX FOR ATT	ACHMENT)  FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZED				 <i>("X" BOX FOR ATTAC</i>   TION <u>MUST</u> 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.			Number of Shares	Class/Series	Par Value
			100	Common	No par value
This report must be execute this report must be executed	d on behalf of the	he corporation by an authorize e corporation by the receiver of	d representative. If the corr trustee.	orporation is in the hand	s of a 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. File Date Signati John C. Carter Print or Type Name President, Secretary and Treasurer FOR SECRETARY OF STATE USE ONLY