

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(e) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 10020	2. Name of Corporation Frank A. Gaudiana Jr., Gardening Services Inc.					
3. Street Address Principal Business Office 2 Old Greenville Rd.			City Johnston	State RI	<i>zip</i> 02919	
		5. State of Incorporation Rhode Island				
6. Brief Description of the Character of lawn maintenance and garde		oode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Frank A. Gaudiana, Jr.			Anthony D. Gaudiana			
Street Address			Street Address			
2 Old Greenville Rd.			86 Winsor Rd.			
City Johnston	State RI	^{Zip} 02919	City Foster	State RI	^{Zip} 02825	
Secretary Name Jane M. Gaudiana			Treasurer Name Jane M. Gaudiana			
Street Address 2 Old Greenville Rd.			Street Address 2 Old Greenville Rd.			
City Johnston	State RI	^{Zip} 02919	<i>City</i> Johnston	State RI	^{Ζip} 02919	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) [FILL IN SPACE	ES BEFORE USING AT	TACHMENTS	
Director Name			Director Name			
none			none			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
none			none			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED					Y <i>T</i>) □	
The state of the s			Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			100	common	no par value	
instruction sheet.	·					
This report must be executed of	on behalf of the corpo	oration by an authorized	d representative. If the corpora	tion is in the hands of a	receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

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FILED.	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements			
File Date MAR 0.2. 2009	contained herein are true and correct.			
Check No. By 948	Stenature Date Jane H. Gaudiana			
Ву:	Print or Type Name			
FOR SECRETARY OF STATE USE ONLY	Title			
	Form 630 Rev. 08/08			