



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. Corporation ID No.<br>83182                                                                                                                             |               | 2. Name of Corporation<br>SHAMROCK LANDSCAPING, Inc. |                                                                     |               |              |
| 3. Street Address, Principal Business Office<br>17 Sorrell Rd.                                                                                             |               | City<br>North Providence                             |                                                                     | State<br>R.I. | Zip<br>02904 |
| 4. Business Phone No.<br>401-949-4554                                                                                                                      |               | 5. State of Incorporation<br>RHODE Island            |                                                                     |               |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Landscaping                                                                 |               |                                                      |                                                                     |               |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |               |                                                      |                                                                     |               |              |
| President Name<br>BRIAN PATE                                                                                                                               |               |                                                      | Vice President Name<br>NONE                                         |               |              |
| Street Address<br>803 Farnum Pike                                                                                                                          |               |                                                      | Street Address                                                      |               |              |
| City<br>North Smithfield                                                                                                                                   | State<br>R.I. | Zip<br>02896                                         | City                                                                | State         | Zip          |
| Secretary Name<br>NONE                                                                                                                                     |               |                                                      | Treasurer Name<br>NONE                                              |               |              |
| Street Address                                                                                                                                             |               |                                                      | Street Address                                                      |               |              |
| City                                                                                                                                                       | State         | Zip                                                  | City                                                                | State         | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |               |                                                      |                                                                     |               |              |
| Director Name<br>NONE                                                                                                                                      |               |                                                      | Director Name<br>NONE                                               |               |              |
| Street Address                                                                                                                                             |               |                                                      | Street Address                                                      |               |              |
| City                                                                                                                                                       | State         | Zip                                                  | City                                                                | State         | Zip          |
| Director Name<br>NONE                                                                                                                                      |               |                                                      | Director Name<br>NONE                                               |               |              |
| Street Address                                                                                                                                             |               |                                                      | Street Address                                                      |               |              |
| City                                                                                                                                                       | State         | Zip                                                  | City                                                                | State         | Zip          |
| 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<br>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. **MAR 02 2009**

By: **By 10419**  
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

**Brian Pate**  
Print or Type Name

**President**  
Title

Date

**2/23/09**