

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(cord.)) is subject to a penalty fee of \$25,00.

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|--|---------------------------|---------------------------|---|--------------------------|------------------------|--|
| 1. Corporate ID No.  | 2. Name of Corporation    |                           |   |                          |                        |  |
| 33654  | Greenvill                 | e Landscaping             | Inc.                                    |                          |                        |  |
| 3. Street Address Principal Business Of  | ffice                     |                           | City                                    | State                    | Ζip                    |  |
| 347 Greenville Avenue  |                           |                           | Johnston                                | RI                       | 02919                  |  |
| 4. Business Phone No.  |                           | 5. State of Incorporation |   |                          |                        |  |
| 943-7110   |                           | Rhode Isla                | nd                                      |                          |                        |  |
| 6. Brief Description of the Character of   | f Business Conducted in R | bode Island               |   | · idul-i                 |                        |  |
| Landscaping 7. Names and addresses   | OF THE OFFICERS:          | ("X" BOX FOR ATTAC        |   | S BEFORE USING ATT       | ACHMENTS               |  |
| President Name Antonio Marraffino  |                           |                           | Vice President Name<br>Mario Schiappa   |                          |                        |  |
| Street Address   |                           |                           | Street Address                          |                          |                        |  |
| 347 Greenville Avenue  |                           |                           | 347 Greenville Avenue                   |                          |                        |  |
| City   | State                     | Ζψ                        | City                                    | State                    | Zip                    |  |
| Johnston   | RI                        | 02919                     | Johnston                                | RI                       | 02919                  |  |
| Secretary Name   | 4                         | J                         | : Treasurer Name                        | .1                       | ·I·····ለ문\Υ\\          |  |
| Eugenio Marraffi   | Eugenio Marraffino        |                           |   | Eugenio Marraffino       |                        |  |
| Street Address   |                           |                           | Street Address                          |                          |                        |  |
| 347 Greenville Avenue  |                           |                           | 347 Greenville Avenue                   |                          |                        |  |
| City   | State                     | Zip                       | : Gity                                  | State                    | Zip                    |  |
| Johnston   | RI                        | 02919                     | Johnston                                | RI                       | 02919                  |  |
| 8. NAMES AND ADDRESSES Director Name NONE.   |                           | S: ("X" BOX FOR ATT       | ACHMENT)   FILL IN SPACE  Director Name | CES BEFORE USING A       | TTACHMENTS             |  |
| Street Address   |                           |                           | Street Address                          |                          |                        |  |
| City   | State                     | Ζip                       | City                                    | State                    | Zip                    |  |
|  |                           |                           |   |                          | 1                      |  |
| Director Name  |                           |                           | Director Name                           |                          |                        |  |
| Street Address   |                           |                           | Street Address                          |                          |                        |  |
| City   | State                     | Ζip                       | City                                    | State                    | Ζip                    |  |
| 9. SHARES AUTHORIZED   | I                         | 1                         | :<br>16. Shares Issued ("X"             | BOX FOR ATTACHMI         | ini) [                 |  |
| 300 NO PAR VALU  | JE                        |                           | ISSUED SHARES — THIS SECTION            | MUST 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              |  |
|  |                           |                           | 300                                     | common                   | no par                 |  |
|  |                           |                           | THIS SECTIO                             | NOST BE COM              |                        |  |
| This report must be executed   | on behalf of the corp     | poration by an authorize  | d representative. If the corpor         | ation is in the hands of | a receiver or trustee, |  |

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

|                       | FILED                           |
|-----------------------|---------------------------------|
| File Date<br>Check No | MAR 0.2 2009                    |
| Sv:                   | By <u>22</u> 365                |
| -                     | 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.   |
| Leeling Warrol fins  |
| Signatuke Date   |
| Eugenio Marraffino V   |
| Print or Type Name   |
| President  |
| Title  |