

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

401.222.30

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(codd)) is

1. Consequent No. 2. N. 3. Street Address Principal Business Office	iame of Corporation	H110 C- 1	n , ,		
3. Street Address Principal Business Office		THIS GOVE	en fraduct	•	
301 Knollwood	(Ave		Cransfon	State R	02910
4. Business Phone No. 5. State of Incorporation					
6. Brief Description of the Character of Busi Whole Side Dith	ribution	of Garden	Products		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name		
Street Address 400. Ag nednot Rh-			Sireel Address		
Cim State	KK.	Zip	: City	State	T-2/2-
(vanstm)	R1	21002920		State	Zip
Secretary Name			Treusurer Name		
Street Address			Street Address		
City State	,	Zip	City	State	Zıp
8. NAMES AND ADDRESSES OF T Director Name	THE DIRECTORS	S: ("X" BOX FOR ATT	: ACHMENT)	PACES BEFORE USIN	I G ATTACHMENTS
Street Address			Street Address		
City State	,	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City State		Zιp	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ('I ISSUED SHARES THIS SECTION OF THE SHARES		
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
			1000-		#0.01
			engalar yan engin e		
This report must be executed on be	chalf of the corpo	oration by an authorize	d representative. If the corp	poration is in the hand	s of a receiver or trustee,
this report must be executed on be	nan or me corpo	ration by the receiver t	or trustee.		
FILE	:D				
	<del></del>		including any accomp	panying schedules and sta	hat I have examined this report tements, and that all statemen
File Date MAR 13	2009		contained herein are t	rue and correct.	3-13-09
Check No.	13:13	Clare	Signature		Date
(2)20	Date 211	SUC 448 13	Print or Type Name	· /liams	44
FOR SECRETARY OF STATE US	E ONLY		Print or Type Name We Sidew	<u>t</u>	
		Vag e-	Tikle		Form 630 Rev. 08/08