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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. Corporate ID No.	2. Name of Corporation		
67501	WEST BAY LANDSCAPE, INC.		
3. Street Address Principal Business Office	City	State	Zip
199 RIVER ROAD	SAUNDERSTOWN	R.I.	02874
4. Business Phone No.	5. State of Incorporation		
401-782-8791	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
LANDSCAPE MAINTENANCE AND ARCHITECTURAL SERVICES PERTAINING TO LANDSCAPE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
MICHAEL A. GIRARDI	MICHAEL A. GIRARDI
Street Address: 199 RIVER ROAD	Street Address: 199 RIVER ROAD
City: SAUNDERSTOWN State: RI Zip: 02874	City: SAUNDERSTOWN State: RI Zip: 02874
Secretary Name	**Treasurer Name**
MICHAEL A. GIRARDI	MICHAEL A. GIRARDI
Street Address: 199 RIVER ROAD	Street Address: 199 RIVER ROAD
City: SAUNDERSTOWN State: RI Zip: 02874	City: SAUNDERSTOWN State: RI Zip: 02874

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
MICHAEL A. GIRARDI	
Street Address: 199 RIVER ROAD	Street Address:
City: SAUNDERSTOWN State: RI Zip: 02874	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED
1,000 COMM NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐
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
Ø	Ø	Ø

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.

[redacted] [redacted]

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.

Michael A. Girard 8-10-09
Signature *Date*

MICHAEL A. GIRARDI
Print or Type Name

PRESIDENT
Title

[redacted]

File Date **FILED**
Check No. AUG 12 2009
By: By
FOR SECRETARY OF STATE USE ONLY
36693-10-397951

Form 630 Rev. 08/08