



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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)(d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|----------------------|--|---|----------------------|---------------------|
| 1. Corporate ID No. 14583 | | 2. Name of Corporation NATURE'S WAY LANDSCAPING INC. | | | |
| 3. Street Address Principal Business Office 2953 HARTFORD AVE | | | City SOHASTON | State R.I. | Zip 02919 |
| 4. Business Phone No. 949-5700 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island MAINTENANCE + CONST. OF COMM. + RES. LANDSCAPES | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name WILLIAM RAINCARE | | | Vice President Name ANTHONY RAINCARE | | |
| Street Address 354 CHEPMIST HILL RD. | | | Street Address 28 HEUTMANS AVE | | |
| City CHEPACUET | State R.I. | Zip 02814 | City CUMSELIANS | State R.I. | Zip 02864 |
| Secretary Name ANTHONY RAINCARE | | | Treasurer Name WILLIAM RAINCARE | | |
| Street Address 28 HEUTMANS AVE | | | Street Address 354 CHEPMIST HILL RD | | |
| City CUMSELIANS | State R.I. | Zip 02864 | City CHEPACUET | State R.I. | Zip 02814 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED 600 No PAR VALUE | | | 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 0 | 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 **12-30-09**
Check No. **4457**
By: **MNC**

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 **William Raincare** Date **1/1/10**
Print or Type Name **WILLIAM RAINCARE**
Title **PRESIDENT**