



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 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(c), 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)(4)) is subject to a penalty fee of \$25.00.

|  |             |  |   |                      |                           |
|--|-------------|--|---|----------------------|---------------------------|
| 1. Corporate ID No.<br>102631  |             | 2. Name of Corporation<br>A TURF FARM INC. |   |                      |                           |
| 3. Street Address Principal Business Office<br>3671 SOUTH COUNTY TRAIL   |             |  | City<br>WEST KINGSTON   | State<br>RI          | Zip<br>02892              |
| 4. Business Phone No.<br>401-783-5020  |             | 5. State of Incorporation<br>RHODE ISLAND  |   |                      |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TO OPERATE A TURF FARM:BUY, SELL SOD AND CARRY OUT ALL BUSINESS OPERATIONS  |             |  |   |                      |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |  |   |                      |                           |
| President Name<br>JONATHAN E DRAKE   |             |  | Vice President Name<br>JOSHUA E DRAKE                               |                      |                           |
| Street Address<br>44 SANDY POND RD   |             |  | Street Address<br>90 KINGSTOWN RD                                   |                      |                           |
| City<br>HOPE VALLEY  | State<br>RI | Zip<br>02832                               | City<br>WYOMING   | State<br>RI          | Zip<br>02898              |
| Secretary Name<br>JONATHAN E DRAKE   |             |  | Treasurer Name<br>JONATHAN E DRAKE                                  |                      |                           |
| Street Address<br>44 SANDY POND RD   |             |  | Street Address<br>44 SANDY POND RD                                  |                      |                           |
| City<br>HOPE VALLEY  | State<br>RI | Zip<br>02832                               | City<br>HOPE VALLEY   | State<br>RI          | Zip<br>02832              |
| 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   |                      |                           |
| 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   |             |  | 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>0   | Class Series<br>NONE | Par Value<br>NO 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                       | <b>FILED</b>       |
| Check No.                       | <b>FEB 16 2010</b> |
| By:                             | <b>164824</b>      |
| 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.

*Jonathan E. Drake* 2-5-10  
Signature Date

JONATHAN E DRAKE  
Print or Type Name

PRESIDENT  
Title