

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 20/0 401.222.30

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(e0/d)) is

| subject to a penalty fee of \$25.00. | | | | |
|--|--|--|----------------------------|---|
| 36977 - Charles Mongeau Landscaping Inc | | | | |
| 3. Street Address Principal Business Office 14 Danielson Pike | 9 | N Sc. TraTe | State RI. | 02 85 7 |
| 4. Business Phone No. 401 - 728-4193 Rhode Island | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Charles Mongeau | | Charles Mongeau | | |
| Street Address 14 Danielson Pike | | Street Address 14 Danielson Pike | | |
| N SciTuate State RI Zig | 02857 | N Sc. Tvate | State | 21p 02857 |
| Charles Monoeau | | Charles Mongeau | | |
| street Address 14 Danielson P.K. | | Street Address 14 Danielson Pike | | |
| SciTuate State RI Zig | 02857 | N SciTVaTe | State | ^{Zip} 03857 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: | ("X" BOX FOR ATT | ACHMENT) TILL IN SPA | ACES BEFORE USING A | TTACHMENTS |
| Charles Mongeau | | Birector (value | | |
| Street Address 14 Danielson P.L. | | Street Address | | |
| City State Zi | 02857 | City | State | Zip |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City State Zi | p. | : City | State | Zip |
| | • | | | |
| 9. SHARES AUTHORIZED | | 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 |
| | | none | cammon | 0 |
| | | | | |
| 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. | | | | |
| | | | | |
| | | The day annulate of a series | 1 dankers and a 600 that | The second second second |
| | | including any accompa | mying schedules and stater | I have examined this report, nents, and that all statements |
| | contained herein are true and correct. | | | |
| File DateFILED | Charles D Monglan 2-12-10 Signature Date | | | |
| Check No FFB 1 8 2010 | Charles D. Morgeau | | | |
| | Print or Type Name | | , , , | |
| By FOR SECRETARY OF STATE USE ONLY | President | Mongeaul | andscaping I | |
| FOR SECRETARY OF STATE COLUMN. | Title | 9 | Form 630 Rev. 08/08 | |