

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

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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. 7-1.2-150) and the prescribed by law (R.I.G.L. 7-1.2-150).

subject to a penalty fee of \$25.00.		- , , ,	1 (30) taly	s user the time prescribea by	(aw (R.I.G.L. 7-1.2-1501(c&d))
1. Corporate ID No. 98940		poration erri & Sons, Inc.			
3. Street Address Principal Business Office 537 Sandy Lane			City Warwick	State RI	Zip
4. Business Phone No. 5. State of Incorporation Rhode Island					02886
6. Brief Description of the Character To engage in the general la	of Business Conducted in and improvement bu		laving sowerone discount		
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	S: ("X" BOX FOR ATT	ayıng, sewerage disposal ACHMENT) ☐ FILL IN SI	l, grading, landscape : PACES BEFORE USING	gardening.
Michael Perri			Vice President Name Michael Perri		J ATTACHMENTS.
Street Address 537 Sandy Lane			Street Address 537 Sandy Lane		
Warwick	State RI	Zip 02886	City Warwick	State RI	Zip
Secretary Name Michael Perri			Treasurer Name Michael Perri		02886
Street Address 537 Sandy Lane			Street Address		
ity.			537 Sandy Lane		
Warwick	RI	02886	City Warwick	State RI	<sup>Zip</sup> 02886
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	RS: ("X" BOX FOR AT	TACHMENT)   FILL IN S	SPACES BEFORE USIN	NG ATTACHMENTS
Street Address			Street Address		
City	State	Zip			
Transana htm			City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
City	State	Zip	Clty	State	Zip
. 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
			100	Common	No Par Value
This report must be executed of his report must be executed or	on behalf of the corp	oration by an authorize	d representative. If the corp	poration is in the hands	s of a receiver or trustee
his report must be executed or	r benair of the corpo	oration by the receiver of	or trustee.		
			Under penalty of perju	ary, I declare and affirm t	hat I have examined this repor
			including any accomp contained herein are to	anying schedules and sta	tements, and that all statemen
ile Date			2 mida	Plen	مرا ءرا د
Theck No. FILED			Signofure )	_	Date
FEB <b>2 2</b> 2010			Print or Type Name	ec Perri	
By FOR SECRET REFOR STATE	E USE ONLY		President		
			Title		E 600 D 00