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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 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(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
505318	Scarborough Yard Maintenance Inc			
3. Street Address Principal Business Office		City	State	Zip
PO Box 591		Wakefield	RI	02880
4. Business Phone No.	5. State of Incorporation			
401 241 0877	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
Yard decorations, trees, shrubs & maint

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

President Name	Vice President Name
Brian Beauvais	same
Street Address	Street Address
40 Bristol Rd	
City / State / Zip	City / State / Zip
N. Arragansett / RI / 02882	
Secretary Name	Treasurer Name
same	same
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Director Name	Director Name
All same as above	
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 *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	Common	NPV

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0	Common	NPV

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.

Signature _____ Date 3/4/10

BRIAN A. BEAUVAIS
Print or Type Name

President
Title

[redacted]

File Date 3-5-2010
Check No. 1064
By: MNC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06

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