

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(e&d)) is

subject to a penalty fee of \$25.  1 Corporate ID No.	2. Name of Corp	2. Name of Conformation				
6906 Forest Hills Nurseries Inc.  3. Street Address Principal Business Office			Cüy	State	Zip	
2 Williams Street  4. Business Phone No. 5. State of Incorporation			Providence	RI	02903	
4013312222 RHODE ISLAND  6. Brief Description of the Character of Business Conducted in Rhode Island						
LANDSCAPING AND	GARDENING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA: President Name Ronald C. Williams			CHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Same			
Street Address 310 Knollwood Avenue			Street Address			
ார Cranston	State <b>RI</b>	<sup>Zip</sup> 02910	City	State	Zip	
Secretary Name Same			Treasurer Name Same			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name N/A			Director Name N/A			
Street Address			Street Address			
Сйу	State	Zip	City	State	Zip	
Director Name N/A			Director Name N/A			
Street Address			Street Address	F943		
City	State	Zip	CUy	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	
			50	COMMON	No Par	
This report must be exe	ecuted on behalf of the	ne corporation by an authorize	ed representative. If the	corporation is in the hands	of a receiver or trustee	
this report must be exe	cuted on behalf of the	FILED MAR 1 0 2010	or trustee. Under penalty of	perjury, I declare and affirm to	hat I have examined this repo	
File Date		By Jan	contained herein	are true and correct	<u> </u>	
Check No.		7 /29.//353	Bonal		Date 2-17+0	
By:	V OF STATE LOP ON		Print or Type Nan	etan		
POR SECRETARY	Y OF STATE USE ONLY		Title		Form 630 Rev. 08/08	