

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## 2011

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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		e of \$25.00.	, to juc us minimus report when i	Total (50) and the face	
1. Corporate ID No	2. Name of Corporation				
2687	Boulevard Nurs	eries, Inc.			· · · · · · · · · · · · · · · · · · ·
3. Street Address Principal Business Office			Middletown	State RI	<sup>Zip</sup> 02842
1105 East Main Road  4. Business Phone No.		5. State of Incorporation	Wilderctown		
		Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island					·
Growing and wholesal 7. NAMES AND ADDRESSES President Name	· · · · · · · · · · · · · · · · · · ·		CHMENT) [ FILL IN SPACE Vice President Name	S BEFORE USING ATTA	ACHMENTS
Angela Kempenaar			John F. Kempenaar		
Street Address 538 Turner Road			Street Address 388 Mitchells Lane		
<i>city</i> Middletown	State R1	<sup>Ζίρ</sup> 028 <b>4</b> 2	<i>cis</i> Middletown	State RI	<sup>Zip</sup> 02842
Secretary Name John F. Kempenaar			Treasurer Name John F. Kempenaar		
Street Address			Street Address		
388 Mitchells Lane			388 Mitchells Lane		
City	State	Zip	City:	State	<i>zip</i> 02842
Middletown  8 NAMES AND ADDRESSES	RI OF THE DIRECTORS	02842	Middletown	RI TES REFORE LISING AT	
Director Name	or the bilderone	. ( A DOATOR ATA	Director Name	no but one board at	izioimiza :
Angela Kempenaar					
Street Address 538 Turner Road			Street Address		
City	State	Zip	City	State	Ζър
Middletown	RI	02842			l
Director Name			Director Name		
John F. Kempenaar Street Address			Street Address		
388 Mitchells Lane			Sitest Address		
City	State	Zip	Citr	State	Zip
Middletown	RI	02842			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)   AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Seric .	Par Valve	Number of Shares	Class/Series	Par Value
15,600 non-voting common no par			15,600	non-voting	no par
156 voting common no par		no par	156	voting	no par
This report must be executed this report must be executed of	<del>-</del>	-	- ·	tion is in the hands of a	receiver or trustee,

ELED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Dipie JAN 1 1 2011	contained notein another and correct.
Check No. By MMC	Signature Date Date
By: 4/37/ FOR SECRETARY OF STATE USE ONLY	Print or Type Name  Vice President  Title