



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 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 subject to a penalty fee of \$25.00.

|  |               |  |   |               |
|--|---------------|--|---|---------------|
| 1. Corporate ID No.<br>72107   |               | 2. Name of Corporation<br>C. J. STONE LANDSCAPE MAINTENANCE INC. |   |               |
| 3. Street Address Principal Business Office<br>88 MIDDLE ROAD  |               |  | City<br>PORTSMOUTH                      | State<br>R.I. |
| 4. Business Phone No.<br>401-683-0129  |               | 5. State of Incorporation<br>R.I.                                |   |               |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |               |  |   |               |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |               |  |   |               |
| President Name<br>CHARLTON J. STONE  |               |  | Vice President Name<br>DOROTHY A. STONE |               |
| Street Address<br>88 MIDDLE RD.  |               |  | Street Address<br>88 MIDDLE RD.         |               |
| City<br>PORTSMOUTH   | State<br>R.I. | Zip<br>02871   | City<br>PORTSMOUTH                      | State<br>R.I. |
| Secretary Name<br>DOROTHY A. STONE   |               |  | Treasurer Name<br>CHARLTON J. STONE     |               |
| Street Address<br>88 MIDDLE RD   |               |  | Street Address<br>88 MIDDLE RD          |               |
| City<br>PORTSMOUTH   | State<br>R.I. | Zip<br>02871   | City<br>PORTSMOUTH                      | State<br>R.I. |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |               |  |   |               |
| Director Name<br>CHARLTON J. STONE   |               |  | Director Name<br>NONE                   |               |
| Street Address<br>88 MIDDLE RD   |               |  | Street Address                          |               |
| City<br>PORTSMOUTH   | State<br>R.I. | Zip<br>02871   | City                                    | State         |
| Director Name<br>DOROTHY A. STONE  |               |  | Director Name                           |               |
| Street Address<br>88 MIDDLE RD.  |               |  | Street Address                          |               |
| City<br>PORTSMOUTH   | State<br>R.I. | Zip<br>02871   | City                                    | State         |
| 9. SHARES AUTHORIZED   |               |  |   |               |
| 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. |               |  |   |               |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |               |  |   |               |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |               |  |   |               |
| Number of Shares   |               | Class/Series   |   | Par Value     |
| NONE   |               |  |   |               |

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.

**FILED**

File Date JAN 20 2011

Check No. \_\_\_\_\_

By: [Signature]

By: 6751

FOR SECRETARY OF STATE USE ONLY

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 [Signature] Date 1/19/11

Print or Type Name CHARLTON J. STONE

Title OWNER - PRESIDENT