

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. 7-1.2-150) and R.I.G.L. 7-1.2-1500.

1. Corporate ID No. 3895	CENTRA	2. Name of Corporation CENTRAL NURSERIES, INC.				
3. Street Address Principal Business Office 1155 Atwood Avenue			City Johnston	State RI	<i>Σ</i> ψ	
Rhode Island		5. State of Incorporation Rhode Island			02919	
6. Brief Description of the C Landscape, contract	ing and construction	1				
7. NAMES AND ADDI	RESSES OF THE OF	FICERS: ("X" BOX FOR ATT	ACHMENT) FILL II	N SPACES REPORT TIGHT	C ATTA CIVATA	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT President Name Paul Pagliarini			Vice President Name James Pagliarini			
Street Address 1155 Atwood Avenue			Street Address 1155 Atwood Avenue			
ા _ણ Johnston	state RI	Ζίμ 02919	City	State	Zip	
Secretary Name and I	xecutive vic	e President	Johnston	RI	02919	
Steven F. Pagliarini			Treasurer Name Steven F. Pagliarini			
Street Address 1155 Atwood Avenue			Street Address 1155 Atwood Avenue			
ohnston	State RI	Ζιρ 02919	City Johnston	State RI	<i>Zip</i> 02919	
NAMES AND ADDRI Paul Pagliarini	ESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) TFILL Director Name	IN SPACES BEFORE USI	NG ATTACHMENTS	
au rayllatifii reet Address			Steven F. Pagliarini			
155 Atwood Avenu	e		Street Adilress			
ity.	State	Zip	1155 Atwood Aver			
ohnston	RI	02919	Johnston	State RI	Zip	
rector Name ames Pagliarini			Director Name [02919			
rect Address						
155 Atwood Avenue			Street Address			
phnston	State RI	^{Zip} 02919	City	State	Zip	
SHARES AUTHORIZI	ED	ľ	: 10. SHARES ISSUED	 ("X" BOX FOR ATTAC	 HMENT) □	
			18SUED SHARES — THIS SE Number of Shares	CTION <u>MUST</u> BE COMPLETED	· <i>y</i> Li	
ois information :	This information is currently of record in the Office of the Secretary of state. Changes require an additional filing. See Section 9 of			Class/Series	Par Value	
nis information is currate. Changes require	an additional filian-	istruction sheet.			No Par	
and, changes require	an additional filing.	see section y of	80	Common	INUFAI	
and, changes require	an additional filing.	See Section 9 of	00	Gorimon	No Fai	

File Date	FILED	•
Check No	FFR 2 4 2011	
Ву:ВУ	4333	
FOR S	SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affi	em that I have an include
micrountg any accompanying sonedules/and	I statements, and that all statements
comanded herein are true and correct/	
Steven + Tagliar	ine 2/10/11
	Date
Steven F. Pagliarihi	, ,
Print or Type Name	
Executive Vice President/Se	cretary
Title	