



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. 125400		2. Name of Corporation HAWK-EYE LAWN SERVICES, INC.	
3. Street Address Principal Business Office 905 TOURTELOTTE HILL ROAD		City NORTH SCITUATE	State RI
4. Business Phone No. 401-934-1478		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE LAWN AND LANDSCAPING SERVICES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROBERT SPERRY		Vice President Name ROBERT SPERRY	
Street Address 905 TOURTELOTTE HILL ROAD		Street Address 905 TOURTELOTTE HILL ROAD	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
Zip 02857		Zip 02857	
Secretary Name ROBERT SPERRY		Treasurer Name ROBERT SPERRY	
Street Address 905 TOURTELOTTE HILL ROAD		Street Address 905 TOURTELOTTE HILL ROAD	
City NORTH SCITUATE	State RI	City NORTH SCITUATE	State RI
Zip 02857		Zip 02857	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares	Class/Series
		100	COMMON
		Par Value	NO PAR

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	FEB 24 2011
Check No.	4821
By:	
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: Robert Sperry Date: 2-20-2011  
Print or Type Name: ROBERT SPERRY  
Title: PRESIDENT