

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 2004
Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

7 7 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-1501(e), each corporation	n failing or refusing to file its and	nual report within thirty (30) day	ys after the time prescribed by l	aw (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No.	2. Name of Corporation	ed Ecuber I			
3. Street Address Principal Business	Office	COLLEGY I	City	State	Zip
So Reservies.	Ave	5. State of Incorporation	Johnston	RI	02919
401-764-026	.7	S. Sidle of Incorporation			
6. Brief Description of the Character	r of Business Conducted in	n Rhode Island			
Lawn fertil	Z≪ Tion + S OF THE OFFICER	Pesticiale Sev	~/ (/ S		
7. NAMES AND ADDRESSE. President Name	OF THE OFFICER	S: {"X" BOX FOR ATTA	CHMENT)   FILL IN S	PACES BEFORE USING	ATTACHMENTS
Michael McCool			Diana McCool		
Sue Address So Resurvive And			Street Address		
Cuy Cuy	State State	Zip	50 Reser	1101 AVE	
Johnston Secretary Name	RI	502919	Johnston Treasurer, Name	State PT	02919
Same as Above			Same as Above		
Street Address			Street Address		
Сир	State	Zip	C24.		
		'	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTO	ORS: ("X" BOX FOR ATI	ACHMENT) [ FILL IN	SPACES BEFORE USIN	I IG ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		<u> </u>
City	State	Zip	City	State	Zipon
Director Name			Director Name		
			N STATE		
Street Address			Street Address		00
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	l	1	10 SHARES ISSUED	("V" POV FOR ATTELO	MAKATA T
			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
			0		
matuction succe,					
<u> </u>		·			
This report must be executed	on behalf of the co	rporation by an authorize	d representative. If the co	orporation is in the hand	s of a receiver or trustee,
this report must be executed	on behalf of the cor	poration by the receiver of	or trustee.		
			Under penalty of pe	riury I declare and affirm	that I have examined this repor
FH-	En	<del></del>	including any accor	npanying schedules and str	atements, and that all statement
	にし		contained herein are true and correct.		
File Date	0.0044		Signature	/	116/11
Check No. NOV 1			Dute		
By: 156767 2:00			Michael McCoal Print or Type Name		
3V			Preside	+	
TORSECREMATORS	ATE USE ONLY	_	Title	<del>~~</del>	