

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 2012

| 1. Corporate ID No. 108106 | 2. Name of Con Cobble Hil | 2. Name of Corporation Cobble Hill Landscape & Construction, Inc. | | | |
|--|--|---|--|-------------------------------|---------------------------------------|
| 3. Street Address Principal Business Office 16 Small Pox Trail | | | West Kingston | State RI | ^{Zip} 02892 |
| 4. Business Phone No. 5. State of Incorporation Rhode Island | | | · · · · · · · · · · · · · · · · · · · | | |
| S. Brief Description of the Chare To Engage in Constrcut | ncter of Business Condu tion and Landscap | cted in Rhode Island e Work | | | · · · · · · · · · · · · · · · · · · · |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Cynthia Gartsu | | | ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Leo Gartsu, Jr. | | |
| Street Address 16 Small Pox Trail | | | Street Address 16 Small Pox Trail | | |
| ோ West Kingston | State RI | ^{Zip} 02892 | City West Kingston | State RI | ^{Zip} 02892 |
| Secretary Name Cynthia Gartsu | | | Treasurer Name Cynthia Gartsu | | |
| Street Address 16 Small Pox Trail | | | Street Address 16 Small Pox Trail | | |
| City West Kingston | State RI | ^{Zip} 02892 | City West Kingston | State RI | ^{Zip} 02892 |
| B. NAMES AND ADDRES Director Name None | SES OF THE DIRE | CTORS: ("X" BOX FOR ATT | ACHMENT) FILL IN : Director Name None | SPACES BEFORE USING | G ATTACHMENTS |
| Street Address | | | Street Address | | |
| Tity | State | Zψ | City | State | Zip |
| Director Name None | | ······ | Director Name None | | |
| treet Address | | | Street Address | | |
| Жу | State | Zip | City | State | Zip |
| . SHARES AUTHORIZE |) | | 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 |
| | | | 100 | Common | No Par |
| | | | | | |
| his report must be executive report must be executive. | ated on behalf of the | ne corporation by an authorize corporation by the receiver of | d representative. If the cor or trustee. | poration is in the hands | of a receiver or tru |
| | | | | | |
| | _ | | Under penalty of per | jury, I declare and affirm th | ant I have a second to the |

| FILED | Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statemen |
|---------------------------------|--|
| File Date JAN 30 2012 | contained herein are true and correct. |
| Check No. By MMC | Signaphe Date / Date / |
| By: | Print or Type Name |
| FOR SECRETARY OF STATE USE ONLY | President |
| | Title Form 630 Rev. 08/08 |