



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 125400		2. Exact name of the Corporation HAWK-EYE LAWN SERVICES, INC.		
3. Principal office address 905 TOURTELOTTE HILL ROAD		City NORTH SCITUATE	State RI	Zip 02857
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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
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	Zip 02857	City NORTH SCITUATE	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	Zip 02857	City NORTH SCITUATE	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	COMMON	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.

File Date **MAR 01 2012**

Check No By MME

By: 5114

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.

Robert Sperry 2-29-2012
 Signature of Authorized Representative Date

ROBERT SPERRY

Print or Type Name of Authorized Representative