



**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. <b>125400</b>		2. Exact name of the Corporation <b>HAWK-EYE LAWN SERVICES, INC.</b>		
3. Principal office address <b>905 TOURTELOTTE HILL ROAD</b>		City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>
4. Business Phone No. <b>401-934-1478</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE LAWN AND LANDSCAPING SERVICES</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name <b>ROBERT SPERRY</b>		Vice-President Name <b>ROBERT SPERRY</b>		
Street Address <b>905 TOURTELOTTE HILL ROAD</b>		Street Address <b>905 TOURTELOTTE HILL ROAD</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH SCITUATE</b>	Zip <b>02857</b>
Secretary Name <b>ROBERT SPERRY</b>		Treasurer Name <b>ROBERT SPERRY</b>		
Street Address <b>905 TOURTELOTTE HILL ROAD</b>		Street Address <b>905 TOURTELOTTE HILL ROAD</b>		
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH SCITUATE</b>	Zip <b>02857</b>
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.

**FILED**

File Date **MAR 01 2012**

Check No By *MNE*

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