

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

CA# 0736
MENC

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0062366 Annual Report for the year: 1994

Name of Business Entity: Glen Hills Landscaping, Inc.

Business entity organized under the laws of the State of: RHODE ISLAND

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
45 SOCKANOSSET CROSSROAD
CRANSTON, R.I. 02920

Phone: (732-8347)

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

CHRISTOPHER CIPRIANO
24 TAMPA STREET
WARWICK, R.I. 02886
PRESIDENT

Brief statement of the character of business conducted in Rhode Island:

LANDSCAPING

Date of Organization: 11/5/90

Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>CHRISTOPHER J. CIPRIANO</u>	<u>24 TAMPA ST.</u>	<u>WARWICK, R.I.</u>	<u>02886</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)				
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>600</u>	NUMBER <u>600</u>
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>ALL SHARES W/O PAR VALUE</u>	PAR VALUE OR WITHOUT PAR <u>W/O PAR VALUE</u>

DEC 21 1994
SECY OF STA

Date 12/19/94, 19____ By: Christopher J. Cipriano
PRINT OR TYPE NAME OF OFFICER SIGNING: CHRISTOPHER J. CIPRIANO
TITLE OF OFFICER SIGNING: PRESIDENT

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

CHRISTOPHER J. CIPRIANO
45 SOCKANOSSET CROSSROADS
CRANSTON RI 02920