



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. 000037943		2. Exact name of the Corporation KEN'S LAWN AND YARD, INC.			
3. Principal office address 1061 MAIN ST		City COVENTRY		State RI	Zip 02816
4. Business Phone No. 508-883-4357		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island HORTICULTURE, GARDENING, LANDSCAPING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KENNETH E MARCOTTE			Vice-President Name JEFFREY COTNOIR		
Street Address 33 CARTER AVE			Street Address 12 RESIDENTIAL LANE		
City BLACKSTONE	State MA	Zip 01504	City BLACKSTONE	State MA	Zip 01504
Secretary Name SUSAN MARCOTTE			Treasurer Name SUSAN MARCOTTE		
Street Address 33 CARTER AVE			Street Address 33 CARTER AVE		
City BLACKSTONE	State MA	Zip 01504	City BLACKSTONE	State MA	Zip 01504
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DANIEL MARCOTTE			Director Name		
Street Address 33 CARTER AVE			Street Address		
City BLACKSTONE	State MA	Zip 01504	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
			50	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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

APR 02 2012

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.

Signature of Authorized Representative

Date

KENNETH MARCOTTE

Print or Type Name of Authorized Representative