



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2013**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 14583		2. Name of Corporation NATURE'S WAY LANDSCAPING INC		
3. Street Address Principal Business Office 2953 HARTFORD AVE		City SOMERSET	State RI	Zip 02919
4. Business Phone No. 949-5700		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island MAINTENANCE + CONSTRUCTION OF COMM. + RES LANDSCAPES				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name WILLIAM RAJDEK		Vice President Name ANTHONY RAJDEK		
Street Address 354 CHEPMIST HILL RD		Street Address 28 HAZMAT AVE		
City CARPACHT	State RI	Zip 02814	City CUMBRAND	State RI
Secretary Name ANTHONY RAJDEK	Treasurer Name WILLIAM RAJDEK		Street Address 354 CHEPMIST HILL RD	
Street Address 28 HAZMAT AVE		City CUMBRAND		
City CUMBRAND	State RI	Zip 02864	City CARPACHT	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 600 No PAR VALUE				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 0	Class/Series	Par Value

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

JAN 10 2013

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_ BY 5403  
By: \_\_\_\_\_  
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.

Signature: William Rajdek Date: 1/10/13  
Print or Type Name: WILLIAM RAJDEK  
Title: PRESIDENT