



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. 18362		2. Name of Corporation Windy Hill Nurseries, Inc.			
3. Street Address Principal Business Office 52 West Main Road			City Little Compton	State RI	Zip 02837
4. Business Phone No. 401-635-4888		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Landscaping					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carolyn L. Faria			Vice President Name Carolyn L. Faria		
Street Address 52 West Main Road			Street Address 52 West Main Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Christopher M. Faria			Treasurer Name Carolyn L. Faria		
Street Address 59 Peckham Road			Street Address 52 West Main Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gabriel Faria, Jr.			Director Name Carolyn L. Faria		
Street Address 52 West Main Road			Street Address 52 West Main Road		
City Little Compton	State RI	Zip 02837	City Little Comptons	State RI	Zip 02837
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	COMM NO 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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 21 2013
BY 4224

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.

Carolyn L. Faria 12-17-12
Signature Date

Carolyn L. Faria

Print or Type Name

President

Title