



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 2013

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. 140040		2. Exact name of the Corporation COUNTRY GREENS, INC			
3. Principal office address 5259 OLD POST RD			City CHARLESTOWN	State RI	Zip 02813
4. Business Phone No. 401 213 0149			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN GENERAL LANDSCAPING + LAWN CARE TO OPERATE A RESTURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL J TROMBINO			Vice-President Name LINDA J TROMBINO		
Street Address 5259 OLD POST RD			Street Address 5259 OLD POST RD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Secretary Name LINDA J TROMBINO			Treasurer Name MICHAEL J TROMBINO		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL J TROMBINO			Director Name LINDA J TROMBINO		
Street Address			Street Address		
City	State	Zip	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 checked="" 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		NONE	

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAR 15 2013

BY 192810

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 Linda J Trombino Date 3/15/13

Print or Type Name of Authorized Representative LINDA J TROMBINO

DS
10:49

2013 MAR 15 AM 10:49
SECRETARY OF STATE
CORPORATIONS DIV