



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. 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; A RESTURANT TO OPERATE				
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
Secretary Name LINDA J TROMBINO		Treasurer Name MICHAEL J TROMBINO		
Street Address SAME		Street Address SAME		
City	State	Zip	City	State
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 SAME		Street Address SAME		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

MAR 15 2013

BY

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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.

Linda J Trombino 3/15/13  
 Signature of Authorized Representative Date

LINDA J TROMBINO  
 Print or Type Name of Authorized Representative

2013 MAR 15 AM 10:19  
 SECRETARY OF STATE  
 CORPORATIONS DIV