



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. 536182		2. Exact name of the Corporation J. Cairo Lawns, Inc.								
3. Principal office address High Street		City Block Island	State RI	Zip 02807						
4. Business Phone No.		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Lawn Care										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name John C. Leone			Vice-President Name Abel Sprague							
Street Address P. O. Box 1537			Street Address P. O. Box 1537							
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807					
Secretary Name Alicia Leone			Treasurer Name Alicia Leone							
Street Address P. O. Box 1537			Street Address P. O. Box 1537							
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name John C. Leone			Director Name Abel Sprague							
Street Address P. O. Box 1537			Street Address P. O. Box 1537							
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807					
Director Name Alicia Leone			Director Name							
Street Address P. O. Box 1537			Street Address							
City Block Island	State RI	Zip 02807	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		
						400	A	No 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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED
MAR 27 2013
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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.

John Leone 3/25/13
 Signature of Authorized Representative Date

John Leone
 Print or Type Name of Authorized Representative