



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 2014

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 filing 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 Corp. NATURE'S WAY LANDSCAPING FAC			
3. Street Address Principal Business Office 2953 HARTFORD AVE			City SUNASTON	State R.I.	Zip 02919
4. Business Phone No. 949-5700		5. Home Telephone RHODE ISLAND			
6. Brief Description of the Character of Business (Indicate if Foreign) MAIN TRACTOR + CONSTR. 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 RAINCAR			Vice President Name ANTHONY RAINCAR		
Street Address 354 CHERMIST HILL RD			Street Address 28 HEUTMAN AVE		
City CHERCHAMPT	State R.I.	Zip 02814	City CUMSEYLANDS	State R.I.	Zip 02864
Secretary Name ANTHONY RAINCAR			Treasurer Name WILLIAM RAINCAR		
Street Address 28 HEUTMAN AVE			Street Address 354 CHERMIST HILL RD		
City CUMSEYLANDS	State R.I.	Zip 02864	City CHERCHAMPT	State R.I.	Zip 02814
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 600 No. PAR VALUE			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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/series	Par Value
			— 0 —		

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: _____ **BY** 5637

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 22 2014

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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.

Signature: William Raincar Date: 1/19/14

Print or Type Name: WILLIAM RAINCAR

Title: PRESIDENT