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 2015

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.	2. Exact name of the Corporation		
73563	A-Way Nurseries Inc.		
3. Principal office address	City	State	Zip
565 Joslin Rd.	Harrisville	R.I.	02830
4. Business Phone No.	5. State of Incorporation		
401-568-3701	Rhode Island		
6. Brief description of the character of business conducted in Rhode Island			
Plant, Nurture, Cultivate, Growth & Farming of Trees & Shrubs			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Arthur S. Armstrong			Donna L. Armstrong		
Street Address			Street Address		
565 JOslin Rd.			565 JOslin Rd.		
City	State	Zip	City	State	Zip
Harrisville	R.I.	02830	Harrisville	R.I.	02830
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Arthur S. Armstrong			Donna L. Armstrong		
Street Address			Street Address		
565 Joslin Rd.			565 Joslin Rd.		
City	State	Zip	City	State	Zip
Harrisville	R.I.	02830	Harrisville	R.I.	02830
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

1000 no par value

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	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 05 2015
BY 30329

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.

2.2.15
Signature of Authorized Representative — Date

Arthur S. Armstrong
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012