



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. 649540		2. Exact name of the Corporation New England Green Lawn Care, Inc.			
3. Principal office address 19 Cedar Street		City Bristol		State RI	Zip 02809
4. Business Phone No. 774-203-3282		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island lawn and tree fertilization and care					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael B. King			Vice-President Name Michael J. Murphy		
Street Address 19 Cedar Street			Street Address 55 Steeplechase Circle, #55		
City Bristol R	State RI	Zip 02809	City Attleboro	State MA	Zip 02703
Secretary Name Michael B. King			Treasurer Name Michael J. Murphy		
Street Address 19 Cedar Street			Street Address 55 Steeplechase Circle, #55		
City Bristol	State RI	Zip 02809	City Attleboro	State MA	Zip 02703
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name none			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1,000	CWP	\$.01

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 _____

FILED 10M

Check No _____

APR 10 2015

By: _____

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FOR SECRETARY OF STATE USE ONLY

10:18 AM

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.

Michael J. Murphy

04/01/2015

Signature of Authorized Representative

Date

Michael J. Murphy

Print or Type Name of Authorized Representative