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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 2014

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
649540	**New England Green Lawn Care, Inc.**

3. Principal office address	City	State	Zip
19 Cedar Street	**Bristol**	**RI**	**02809**

4. Business Phone No.	5. State of Incorporation
774-203-3282	**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	Street Address	City	State	Zip
Michael B. King	**19 Cedar Street**	**Bristol R**	**RI**	**02809**

Vice-President Name	Street Address	City	State	Zip
Michael J. Murphy	**55 Steeplechase Circle, #55**	**Attleboro**	**MA**	**02703**

Secretary Name	Street Address	City	State	Zip
Michael B. King	**19 Cedar Street**	**Bristol**	**RI**	**02809**

Treasurer Name	Street Address	City	State	Zip
Michael J. Murphy	**55 Steeplechase Circle, #55**	**Attleboro**	**MA**	**02703**

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

Director Name	Street Address	City	State	Zip
none				
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

SECRETARY OF STATE
CORPORATIONS DIV
2015 APR 10 AM 10:16

9. SHARES AUTHORIZED

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
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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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By 246692
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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 of Authorized Representative — Date: **04/01/2015**

Michael J. Murphy
Print or Type Name of Authorized Representative

Form No. 630
119760-3-1013717