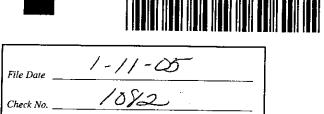STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, *Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___2005___

Filing Period: January 1 - March 1 • *Filing Fee: $50.00*
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
112100	BIG RIVER ENTERPRISES, INC.

3. Street Address Principal Business Office	City	State	Zip
160 Plain Meeting House Road	W. Greenwich	RI	02817

4. Business Phone No.	5. State of Incorporation	6. SIC Code
397-3347	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island
PROPERTY MANAGEMENT, LANDSCAPING

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
BRIAN J. LEYDEN	
Street Address	Street Address
160 Plain Meeting House Road	
City: W.Greenwich State: R.I. Zip: 02817	City State Zip

Secretary Name	Treasurer Name
	BRIAN J. LEYDEN
Street Address	Street Address: 160 Plain Meeting House Road
City State Zip	City: W. Greenwich State: R.I. Zip: 02817

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
BRIAN J. LEYDEN	
Street Address	Street Address
160 Plain Meeting House Road	
City: W.Greenwich State: R.I. Zip: 02817	City State Zip

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐   **11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

AUTHORIZED SHARES | ISSUED SHARES

Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			100	COMMON	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	*1-11-05*
Check No.	*1082*
By:	

FOR SECRETARY OF STATE USE ONLY

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.

Brian J. Leyden _____ 1/10/05
Signature of Officer   Date

BRIAN J. LEYDEN
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03