



**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 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83000      2. Name of Corporation Hall's Mowing Service, Inc.

3. Street Address Principal Business Office 522 CONNECTICUT AVENUE, PO BOX 83      City BLOCK ISLAND      State RI      Zip 02807

4. Business Phone No. 401-466-5469      5. State of Incorporation RHODE ISLAND      6. SIC Code 2212

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE BUSINESS OF MOWING AND LAND MAINTENANCE.

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

President Name: Glen Hall      Vice President Name: \_\_\_\_\_

Street Address: 522 CONNECTICUT AVENUE, PO BOX 83      Street Address: \_\_\_\_\_

City: BLOCK ISLAND      State: RI      Zip: 02807      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Secretary Name: Glen Hall      Treasurer Name: Glen Hall

Street Address: 522 CONNECTICUT AVENUE, PO BOX 83      Street Address: 522 CONNECTICUT AVENUE, PO BOX 83

City: BLOCK ISLAND      State: RI      Zip: 02807      City: BLOCK ISLAND      State: RI      Zip: 02807

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

Director Name: Glen Hall      Director Name: \_\_\_\_\_

Street Address: 522 CONNECTICUT AVENUE, PO BOX 83      Street Address: \_\_\_\_\_

City: BLOCK ISLAND      State: RI      Zip: 02807      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Director Name: \_\_\_\_\_      Director Name: \_\_\_\_\_

Street Address: \_\_\_\_\_      Street Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	Common	\$1 Par Value

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



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File Date: 3/9/04

Check No.: 1570

By: kmc

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.

Signature of Officer: John S. Pfarr      Date: 2/20/04

Print or Type Name of Officer: John S. Pfarr

Assistant Secretary

Title of Officer

Addendum to Annual Report

Additional Officers:

*Assistant Secretary*

John S. Pfarr  
37 Sunset Terrace  
Essex, CT 06426

*Assistant Secretary*

K. Erik Wallin  
228 High Street  
Wakefield, RI 02879