RI SOS Filing Number: 201690355090 Date: 01/11/2016 4:00 PM

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 2016

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		
518740	GREEN SYSTEMS, INC.		
3. Principal office address: 2829 EAST MAIN ROAD	City: PORTSMOUTH	State: RI	Zip: 02871
4. Business Phone No.: 401-683-6300	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: LAWN FERTILIZATION AND PESTICIDE TREATMENT SERVICES			

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

President Name: BYRON RYMER			Vice-President Name		
Street Address: 49 WILLOW LANE			Street Address		
City: PORTSMOUTH	State: RI	Zip: 02871	City	State	Zip
Secretary Name: GINA RYMER			Treasurer Name: GINA RYMER		
Street Address: 49 WILLOW LANE			Street Address: 49 WILLOW LANE		
City: PORTSMOUTH	State: RI	Zip: 02871	City: PORTSMOUTH	State: RI	Zip: 02871

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

Director Name			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

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
200	COMMON	.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.

[redacted]
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 11 2016
BY DS2584

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.

Gina Rymer 1/7/16
Signature of Authorized Representative — Date

Gina Rymer
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
130929-31-1084483