State of	of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	reet 14-2615	
Business Corporation Annual Report Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee	rs after the time prescribed by la		
ANNUAL REPORT YEAR: 2017	7		
1. Corporate ID No. 00001	4467		
2. Name of Corporation STE			
·		<u></u>	
3. Street Address Principal Bu	siness Office:		
No. and Street: <u>3714B KIN</u> City or Town: <u>WEST KIN</u>	I <u>GSTOWN ROAD</u> I <u>GSTON</u> S	tate: <u>RI</u> Zip: <u>02892</u> Cou	ntry: <u>USA</u>
4. Business Phone No.			
401-418-0076			
5. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS codes	s, please select the code that b	est describes your business.	
NAICS Code		6 11	
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
NURSERY: GROWERS AND	SELLERS OF TREES, SHI	RUBS, EVERGREENS, PER	ENNIALS.
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors m Incorporator is no longer a		or directors have been electe	d, the title
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip (Code, Country
TREASURER	KYLE S STEWART	3714B KINGSTOWN WEST KINGSTON, RI 0289	
SECRETARY	KYLE S STEWART	3714B KINGSTOW	N RD

	Par Value Per Share Total Authorized Or	otal Issued and utstanding <i>Num of</i> <i>Shares</i> 400 ve. If the
of Stock nalf of the c	Par Value Per Share Total Authorized Shares Total Authorized Shares \$0.0000 600.00 Total Authorized Shares	and utstanding Num of Shares 400 ve. If the
half of the c	Par Value Per Share Total Authorized Or Shares Number of Shares Or \$0.0000 600.00 Or corporation by an authorized representation Or Or	and utstanding Num of Shares 400 ve. If the
half of the c	Par Value Per Share Total Authorized Or Shares Number of Shares Or \$0.0000 600.00 Or corporation by an authorized representation Or Or	and utstanding Num of Shares 400 ve. If the
iver or trust	corporation by an authorized representati	ve. If the
iver or trust		
constitutes that this ins hat the fact I. Gen. Lav	10 PM. This electronic signature of the ind s the affirmation or acknowledgement of astrument is that individual's act and deed cts stated herein are true, as of the date of tws § 7-1.2.	the l or the
	ve of the C	ve of the Corporation