



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. 87908		2. Name of Corporation Tom & Gerry's Landscaping, Inc			
3. Street Address Principal Business Office 50 Kent Street			City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 724-5899		5. State of Incorporation Rhode Island		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island General Landscaping - Mowing, Edging, Trimming					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E. Reedy			Vice President Name Geraldine Gagnon		
Street Address 50 Kent St.			Street Address 50 Kent St.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Geraldine Gagnon			Treasurer Name Thomas E. Reedy		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR Value	none	1,000	COMMON	None

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

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.

Thomas Reedy 3-22-05
Signature of Officer Date
Thomas Reedy
Print or Type Name of Officer
President
Title of Officer

File Date 6-2-05
Check No. 4713
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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 OR PRINTED IN BLACK)

Form with sections for: 1. Corporate ID No. (87908), 2. Name of Corporation (Tom & Gerry's Landscaping Inc.), 3. Street Address (50 Kent St., Cumberland RI 02864), 4. Business Phone No. (401 724 5899), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (2212), 7. Brief Description of the Character of Business (THE DESIGN, CONSTRUCTION, DEMOLITION, AND MAINTENANCE OF REAL ESTATE), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: THOMAS E REEDY, Vice President: Geraldine Gagnon), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: THOMAS E REEDY, Director: Geraldine Gagnon), 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (1000, Common, None).

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



* 8 7 9 0 8 *

File Date: 3/13/04
Check No: 4504
By: [Signature]
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: Thomas E Reedy, Date: 3/13/04
Print or Type Name of Officer: THOMAS E REEDY
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **87908**
2. Name of Corporation **Tom & Gerry's Landscaping Inc.**
3. Street Address Principal Business Office
50 Kent Street
4. Business Phone No. **401 724 3899**
5. State of Incorporation **RHODE ISLAND**

City **Cumberland** State **RI** Zip **02864**
6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
LANDSCAPING Services - Mowing Lawns, shrub trimming, raking

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

President Name **Thomas E. Reedy**
Street Address **50 Kent Street**
City **Cumberland** State **RI** Zip **02864**
Secretary Name **Thomas E. Reedy**
Street Address **50 Kent Street**
City **Cumberland** State **RI** Zip **02864**

Vice President Name **Geraldine Gasvan**
Street Address **50 Kent Street**
City **Cumberland** State **RI** Zip **02864**
Treasurer Name **Geraldine Gasvan**
Street Address **50 Kent Street**
City **Cumberland** State **RI** Zip **02864**

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

Director Name **Thomas E. Reedy**
Street Address **50 Kent Street**
City **Cumberland** State **RI** Zip **02864**

Director Name **Geraldine Gasvan**
Street Address **50 Kent Street**
City **Cumberland** State **RI** Zip **02864**

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		No Par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
	Common	No Par

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



* 8 7 9 0 8 *

File Date: **4-18-03**
Check No.: **4300**
By: **ICP**

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 **Thomas Reedy** Date **3/14/03**
Print or Type Name of Officer **Thomas REEDY**
Title of Officer **President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87908**
2. Name of Corporation **Tom & Gerry's Landscaping Inc.**
3. Street Address Principal Business Office
50 Kent Street
4. Business Phone No. **(401) 724 5899**
5. State of Incorporation **RHODE ISLAND**

City **Cumberland** State **R.I.** Zip **02804**
6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
LANDSCAPING OF LAWNS

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

President Name **Thomas E. Reedy**
Street Address **50 Kent Street**
City **Cumberland** State **R.I.** Zip **02804**
Secretary Name **Geraldine Gagnon**
Street Address **Same**
City _____ State _____ Zip _____

Vice President Name **Geraldine Gagnon**
Street Address **50 Kent Street**
City **Cumberland** State **R.I.** Zip **02804**
Treasurer Name **Thomas E. Reedy**
Street Address **Same**
City _____ State _____ Zip _____

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

Director Name **Thomas E. Reedy**
Street Address _____
City _____ State _____ Zip _____
Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name **Geraldine Gagnon**
Street Address _____
City _____ State _____ Zip _____
Director Name _____
Street Address _____
City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares **1,000 NO PAR VALUE** Class/Series _____ Par Value **None**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares **1000** Class/Series **Common** Par Value **None**

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



* 8 7 9 0 8 *

4-22-02

File Date: _____
Check No.: **4117**
By: **[Signature]**

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 **[Signature]** Date **3-14-02**
Print or Type Name of Officer **Thomas REEDY**
Title of Officer **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87908** 2. Name of Corporation **Tom & Gerry's Landscaping Inc.**

3. Street Address Principal Business Office **50 Kent Street** City **Cumberland** State **R.I.** Zip **02864**
4. Business Phone No. **(401) 724 5899** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
Landscaping

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

President Name Thomas Reedy Street Address 50 Kent Street City Cumberland State R.I. Zip 02864	Vice President Name Geraldine Gagnon Street Address 50 Kent Street City Cumberland State R.I. Zip 02864
Secretary Name Geraldine Gagnon Street Address Same City Same State Same Zip Same	Treasurer Name Geraldine Gagnon Street Address Same City Same State Same Zip Same

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

Director Name Thomas Reedy Street Address Same City Same State Same Zip Same	Director Name Geraldine Gagnon Street Address Same City Same State Same Zip Same
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 Shs, Common No Par

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



File Date: 3-15-01
Check No.: 3703
By: [Signature]

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: [Signature] Date: 3/12/01
Print or Type Name of Officer: GERALDINE GAGNON
Title of Officer: Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87908** 2. Name of Corporation **Tom & Gerry's Landscaping Inc.**
3. Street Address Principal Business Office **50 Kent Str** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **401 724 0599** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**
7. Brief Description of the Character of Business Conducted in Rhode Island **landscaper**

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

President Name Thomas Reedy	Vice President Name
Street Address 50 Kent Street	Street Address
City Cumberland State RI Zip 02864	City State Zip
Secretary Name Cecaldine Cognan	Treasurer Name
Street Address 50 Kent Street	Street Address
City Cumberland State RI Zip 02864	City State Zip

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

Director Name Thomas Reedy	Director Name
Street Address 50 Kent Str	Street Address
City Cumberland State RI Zip 02864	City State Zip
Director Name Cecaldine Cognan	Director Name
Street Address 50 Kent Street	Street Address
City Cumberland State RI Zip 02864	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 none no par

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



File Date: 4/14/00
Check No.: 3001
By: [Signature]

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] 3/14/00
Signature of Officer Date
Thomas & Reedy
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87908** 2. Name of Corporation **Tom & Gerry's Landscaping Inc.**

3. Street Address Principal Business Office **50 Kent Str.** City **Combedunk** State **RI** Zip **02864**

4. Business Phone No. **(401) 727 5899** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
Landscaper

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

President Name Thomas Reedy Street Address Same City Same State RI Zip 02864	Vice President Name Street Address City State Zip
Secretary Name Street Address City State Zip 	Treasurer Name Geraldine Gagnan Street Address Same City Same State RI Zip 02864

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

Director Name Thomas Reedy Street Address Same City Same State RI Zip 02864	Director Name Geraldine Gagnan Street Address Same City Same State RI Zip 02864
Director Name Street Address City State Zip 	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	1000		
Number of Shares	Class/Series	Par Value	

1,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	1000		
Number of Shares	Class/Series	Par Value	

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



* 8 7 9 0 8 *

File Date: 1/18/99

Check No.: 2830

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: Thomas Reedy Date: 2/18/99

Print or Type Name of Officer: THOMAS REEDY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87908** 2. Name of Corporation **Tom & Gerry's Landscaping Inc.**
3. Street Address Principal Business Office **50 Kent Street** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **401-724 5899** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**
7. Brief Description of the Character of Business Conducted in Rhode Island
Landscaping

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Thomas Reedy Street Address Same City _____ State _____ Zip _____	Vice President Name Geraldine Bagnan Street Address _____ City _____ State _____ Zip _____
Secretary Name Geraldine Bagnan Street Address _____ City _____ State _____ Zip _____	Treasurer Name Thomas Reedy Street Address _____ City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Thomas Reedy Street Address 50 Kent St. City Cumberland State RI Zip 02864	Director Name Geraldine Bagnan Street Address 50 Kent St City Cumb State RI Zip 02864
Director Name N/A Street Address _____ City _____ State _____ Zip _____	Director Name N/A Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS	NO	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	Common	None

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



File Date: **3.30.98**
Check No.: **2637**
By: **UP**

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.

Thomas Reedy 3/10/98
Signature of Officer Date
President
Print or Type Name of Officer
THOMAS REEDY
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **87908** 2. Name of Corporation **Tom & Gerry's Landscaping Inc.**
3. Street Address Principal Business Office **50 Kent Street** City **Cumberland** State **Rhode Island** Zip **02864**
4. Business Phone No. **(401) 724 5899** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Landscaper

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Thomas Reedy Street Address 50 Kent Street City Cumb. State RI Zip 02864	Vice President Name Geraldine Gagnon Street Address 50 Kent St City Cumberland State RI Zip 02864
Secretary Name Thomas Reedy Street Address 50 Kent St City Cumb. State RI Zip 02864	Treasurer Name Geraldine Gagnon Street Address 50 Kent St City Cumb. State RI Zip 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Thomas Reedy Street Address 50 Kent St City Cumb State RI Zip 02864	Director Name Street Address City State Zip
Director Name Geraldine Gagnon Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value	ISSUED SHARES ↓	Class/Series	Par Value
1,000 SHS NO PAR VALUE			none		

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



File Date: 3/24/97
Check No.: 2439
By: [Signature]
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: Thomas Reedy Date: 3/1/97
Print or Type Name of Officer: President / Thomas Reedy
Title of Officer: President