



**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. 61211		2. Name of Corporation NATURAL SETTINGS OF LINCOLN, INC.			
3. Street Address - Principal Business Office 14 Ashley Drive		City Lincoln	State RI	Zip 02865	
4. Business Phone No. (401) 333-1094		5. State of Incorporation RHODE ISLAND		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALE, RENTAL AND MAINTENANCE OF PLANTS AND FLOWERS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John M. Cloutier			Vice President Name Lisa H. Cloutier		
Street Address 14 Ashley Drive			Street Address 14 Ashley Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Lisa H. Cloutier			Treasurer Name John M. Cloutier		
Street Address 14 Ashley Drive			Street Address 14 Ashley Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John M. Cloutier			Director Name Lisa H. Cloutier		
Street Address 14 Ashley Drive			Street Address 14 Ashley Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name None			Director Name None		
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
1,500 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 1/27/05  
Check No. 2169  
By: DA  
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.

John M. Cloutier 1/3/05  
Signature of Officer Date  
John M. Cloutier  
Print or Type Name of Officer  
President  
Title of Officer



**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)

1. Corporate ID No. <b>61211</b>		2. Name of Corporation <b>NATURAL SETTINGS OF LINCOLN, INC.</b>			
3. Street Address (Principal Business Office) <b>14 Ashley Drive</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>(401) 333-1094</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7880</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE SALE, RENTAL AND MAINTENANCE OF PLANTS AND FLOWERS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>John M. Cloutier</b>			Vice President Name <b>Lisa H. Cloutier</b>		
Street Address <b>14 Ashley Drive</b>			Street Address <b>14 Ashley Drive</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>Lisa H. Cloutier</b>			Treasurer Name <b>John M. Cloutier</b>		
Street Address <b>14 Ashley Drive</b>			Street Address <b>14 Ashley Drive</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>John M. Cloutier</b>			Director Name <b>Lisa H. Cloutier</b>		
Street Address <b>14 Ashley Drive</b>			Street Address <b>14 Ashley Drive</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
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
<b>1,500 NO PAR VALUE</b>			<b>0</b>	<b>—</b>	<b>—</b>

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



\* 6 1 2 1 1 \*

File Date 3/5/04  
Check No. 2125  
By: us  
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.

Lisa H. Cloutier 2/28/04  
Signature of Officer Date  
Lisa H. Cloutier  
Print or Type Name of Officer  
Vice President  
Title of Officer



**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. **61211** 2. Name of Corporation **NATURAL SETTINGS OF LINCOLN, INC.**  
3. Street Address Principal Business Office **14 Ashley Drive** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 333-1094** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To engage in the sale, rental and maintenance of plants and flowers.**

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

President Name <b>John M. Cloutier</b>	Vice President Name <b>Lisa H. Cloutier</b>
Street Address <b>14 Ashley Drive</b>	Street Address <b>14 Ashley Drive</b>
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>
Secretary Name <b>Lisa H. Cloutier</b>	Treasurer Name <b>John M. Cloutier</b>
Street Address <b>14 Ashley Drive</b>	Street Address <b>14 Ashley Drive</b>
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>

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

Director Name <b>John M. Cloutier</b>	Director Name <b>Lisa H. Cloutier</b>
Street Address <b>14 Ashley Drive</b>	Street Address <b>14 Ashley Drive</b>
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City <b>Lincoln</b> State <b>R.I.</b> Zip <b>02865</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip

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

Number of Shares	Class/Series	Par Value
<b>1,500</b>	<b>NO</b>	<b>PAR VALUE</b>

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

Number of Shares	Class/Series	Par Value
<b>None</b>		

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



File Date: 2.6.03  
Check No.: 2086  
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.

John M. Cloutier 2/4/03  
Signature of Officer Date  
John M. Cloutier  
Print or Type Name of Officer  
President  
Title of Officer



**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. **61211** 2. Name of Corporation **NATURAL SETTINGS OF LINCOLN, INC.**  
3. Street Address Principal Business Office **14 Ashley Drive** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 333-1094** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
To engage in the sale, rental and maintenance of plants and flowers.

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

President Name <b>John M. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b> Secretary Name <b>John M. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	Vice President Name <b>Lisa H. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b> Treasurer Name <b>Lisa H. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>John M. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b> Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____	Director Name <b>Lisa H. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b> Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____
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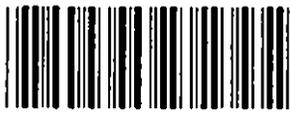
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,500 NO PAR VALUE**

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

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

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



\* 6 1 2 1 1 \*

File Date: 02-27-02  
Check No.: 2041  
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.

John M Cloutier 2/26/02  
Signature of Officer Date  
**John M. Cloutier**  
Print or Type Name 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. **61211** 2. Name of Corporation **NATURAL SETTINGS OF LINCOLN, INC.**  
3. Street Address Principal Business Office **14 Ashley Drive** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 333-1094** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**  
7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the sale, rental and maintenance of plants and flowers.

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

President Name <b>John M. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	Vice President Name <b>Lisa H. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>
Secretary Name <b>Lisa H. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	Treasurer Name <b>John M. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>

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

Director Name <b>John M. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	Director Name <b>Lisa H. Cloutier</b> Street Address <b>14 Ashley Drive</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>
Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____	Director Name <b>None</b> Street Address <b>None</b> City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,500 SHS NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>None</b>		

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



\* 6 1 2 1 1 \*

**FILED**

File Date: **FEB 12 2001**  
Check No.: \_\_\_\_\_  
By: **C. 1995**

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.

**John M. Cloutier** 2-9-01  
Signature of Officer Date  
**John M. Cloutier**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **61211** 2. Name of Corporation **NATURAL SETTINGS OF LINCOLN, INC.**

3. Street Address Principal Business Office **14 Ashley Drive** City **Lincoln** State **RI** Zip **02865**

4. Business Phone No. **(401) 333-7094** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sale and maintenance of plants**

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

President Name <b>John M. Cloutier</b>	Vice President Name <b>Lisa H. Cloutier</b>
Street Address <b>14 Ashley Drive</b>	Street Address <b>14 Ashley Dr.</b>
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>

Secretary Name <b>Lisa H. Cloutier</b>	Treasurer Name <b>John M. Cloutier</b>
Street Address <b>14 Ashley Dr.</b>	Street Address <b>14 Ashley Dr.</b>
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>

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

Director Name <b>John M. Cloutier</b>	Director Name <b>Lisa H. Cloutier</b>
Street Address <b>14 Ashley Dr.</b>	Street Address <b>14 Ashley Dr.</b>
City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>

Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,500 SHS</b>	<b>NO PAR VAL</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>None</b>		

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



\* 6 1 2 1 1 \*

File Date: 1/20/00  
Check No.: 1937  
By: \_\_\_\_\_

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.

John M. Cloutier 1/19/2000  
Signature of Officer Date  
John M. Cloutier  
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. **61211**

2. Name of Corporation **NATURAL SETTINGS OF LINCOLN, INC.**

3. Street Address Principal Business Office  
**14 Ashley Drive**

4. Business Phone No. **(401) 333-1094**

5. State of Incorporation **RHODE ISLAND**

City **Lincoln** State **R. I.** Zip **02865**

6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Interior plantscaping - maintaining tropical plants**

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

President Name <b>John M. Cloutier</b>	Vice President Name <b>Lisa H. Cloutier</b>
Street Address <b>14 Ashley Drive</b>	Street Address <b>14 Ashley Drive</b>
City <b>Lincoln</b>	City <b>Lincoln</b>
State <b>R. I.</b>	State <b>RI</b>
Zip <b>02865</b>	Zip <b>02865</b>
Secretary Name <b>Lisa H. Cloutier</b>	Treasurer Name <b>John M. Cloutier</b>
Street Address <b>14 Ashley Dr.</b>	Street Address <b>14 Ashley Dr.</b>
City <b>Lincoln</b>	City <b>Lincoln</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02865</b>	Zip <b>02865</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>	
Director Name <b>John M. Cloutier</b>	Director Name <b>Lisa H. Cloutier</b>
Street Address <b>14 Ashley Dr.</b>	Street Address <b>14 Ashley Dr.</b>
City <b>Lincoln</b>	City <b>Lincoln</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02865</b>	Zip <b>02865</b>
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>1,500 SHS NO PAR VAL</b>	<b>None</b>
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	

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



File Date: May 19 1999

Check No.: 1889

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.

Signature of Officer: John M. Cloutier Date: 2/26/99

Print or Type Name of Officer: John M. Cloutier

Title of Officer: President

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. **61211** 2. Name of Corporation **NATURAL SETTINGS OF LINCOLN, INC.**  
3. Street Address Principal Business Office  
**14 ASHLEY DRIVE** City **LINCOLN** State **RI** Zip **02865**  
4. Business Phone No. **(401) 333-1094** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO BUY, SELL AND MAINTAIN PLANTS AND FLOWERS**

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

President Name <b>JOHN M. CLOUTIER</b>	Vice President Name <b>LISA H. CLOUTIER</b>
Street Address <b>14 ASHLEY DRIVE</b>	Street Address <b>14 ASHLEY DRIVE</b>
City State Zip <b>LINCOLN RI 02865</b>	City State Zip <b>LINCOLN RI 02865</b>
Secretary Name <b>LISA H. CLOUTIER</b>	Treasurer Name <b>JOHN M. CLOUTIER</b>
Street Address <b>14 ASHLEY DRIVE</b>	Street Address <b>14 ASHLEY DRIVE</b>
City State Zip <b>LINCOLN RI 02865</b>	City State Zip <b>LINCOLN RI 02865</b>

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

Director Name <b>JOHN M. CLOUTIER</b>	Director Name <b>LISA H. CLOUTIER</b>
Street Address <b>14 ASHLEY DRIVE</b>	Street Address <b>14 ASHLEY DRIVE</b>
City State Zip <b>LINCOLN RI 02865</b>	City State Zip <b>LINCOLN RI 02865</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,500 SHS NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series 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: 1-14-98  
Check No.: 1817  
By: WP

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 M. Cloutier Date: 12/31/97  
Print or Type Name of Officer: John M. Cloutier  
Title of Officer: President

**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. **61211** 2. Name of Corporation **NATURAL SETTINGS OF LINCOLN, INC.**  
 3. Street Address Principal Business Office **14 ASHLEY DRIVE** City **LINCOLN** State **RI** Zip **02865**  
 4. Business Phone No. **(401) 333-1094** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7880**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**TO ENGAGE IN THE SALE AND RENTAL OF PLANTS AND FLOWERS**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  
 President Name **JOHN M. CLOUTIER** Vice President Name **LISA H. CLOUTIER**  
 Street Address **14 ASHLEY DRIVE** Street Address **14 ASHLEY DRIVE**  
 City **LINCOLN** State **RI** Zip **02865** City **LINCOLN** State **RI** Zip **02865**

Secretary Name **LISA H. CLOUTIER** Treasurer Name **JOHN M. CLOUTIER**  
 Street Address **14 ASHLEY DRIVE** Street Address **14 ASHLEY DRIVE**  
 City **LINCOLN** State **RI** Zip **02865** City **LINCOLN** State **RI** Zip **02865**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  
 Director Name **JOHN M. CLOUTIER** Director Name **LISA H. CLOUTIER**  
 Street Address **14 ASHLEY DRIVE** Street Address **14 ASHLEY DRIVE**  
 City **LINCOLN** State **RI** Zip **02865** City **LINCOLN** State **RI** Zip **02865**  
 Director Name **NONE** Director Name **NONE**  
 Street Address **NONE** Street Address **NONE**  
 City **NONE** State **NONE** Zip **NONE** City **NONE** State **NONE** Zip **NONE**

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)  
 AUTHORIZED SHARES ISSUED SHARES  
 Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  
**1,500 SHS NO PAR VAL** **NONE** **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: 3/10/97  
 Check No.: 1788  
 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 John M. Cloutier Date 2/25/97  
 Print or Type Name of Officer John M. Cloutier  
 Title of Officer President

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



STATE OF RHODE ISLAND AND PROVIDENCE TERRITORIES  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 61211		2. NAME OF CORPORATION NATURAL SETTINGS OF LINCOLN, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 14 Ashley Drive			CITY Lincoln	STATE RI	ZIP CODE 02865
4. BUSINESS PHONE NO. (401) 333-1094		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7880	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To sell and maintain plants and materials and to do any other lawful business under the laws of the State of Rhode Island.					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME John M. Cloutier			VICE PRESIDENT NAME Lisa H. Cloutier		
STREET ADDRESS 14 Ashley Drive			STREET ADDRESS 14 Ashley Drive		
CITY Lincoln	STATE RI	ZIP CODE 02865	CITY Lincoln	STATE RI	ZIP CODE 02865
SECRETARY NAME Lisa H. Cloutier			TREASURER NAME John M. Cloutier		
STREET ADDRESS 14 Ashley Drive			STREET ADDRESS 14 Ashley Drive		
CITY Lincoln	STATE RI	ZIP CODE 02865	CITY Lincoln	STATE RI	ZIP CODE 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME John M. Cloutier			DIRECTOR NAME Lisa H. Cloutier		
STREET ADDRESS 14 Ashley Drive			STREET ADDRESS 14 Ashley Drive		
CITY Lincoln	STATE RI	ZIP CODE 02865	CITY Lincoln	STATE RI	ZIP CODE 02865
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,500 SHS	NO PAR VAL		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.

File Date: 4/30/96  
Check No: 1688  
By:   
For Secretary of State Use Only

Signature of Officer  
John M. Cloutier  
Print or Type Name of Officer  
President  
Title of Officer  
4/29/96  
Date

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0061211 Annual Report for the year: 1995

Name of Corporation: NATURAL SETTINGS OF LINCOLN, INC.

Business entity organized under the laws of the State of Rhode Island  
 For foreign entity, address and telephone number of principal office:  
 Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
14 Ashley Drive  
Lincoln, RI 02865  
 Phone: 401-333-1094  
 Brief statement of the character of business conducted in Rhode Island:  
To sell and maintain plants and materials and to do any other lawful business under the laws of the State of Rhode Island

**THE NAMES OF THE OFFICERS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT John M. Cloutier	14 Ashley Drive	Lincoln, RI	02865
VICE PRESIDENT Lisa H. Cloutier	14 Ashley Drive	Lincoln, RI	02865
SECRETARY Lisa H. Cloutier	14 Ashley Drive	Lincoln, RI	02865
TREASURER John M. Cloutier	14 Ashley Drive	Lincoln, RI	02865

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
John M. Cloutier	14 Ashley Drive	Lincoln, RI	02865
Lisa H. Cloutier	14 Ashley Drive	Lincoln, RI	02865

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1500	Common	None	
No par value			

Date: 1/9, 19 95 By: John M. Cloutier

Form 31 1/95  
 PRINT OR TYPE NAME OF OFFICER SIGNING: John M. Cloutier  
 TITLE OF OFFICER SIGNING: President

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOHN M. CLOUTIER  
 14 ASHLEY DRIVE  
 LINCOLN RI 02865

**FILED**

JAN 17 1995

By: JM  
1547

Name of Business Entity: NATURAL SETTINGS OF LINCOLN, INC.

Business entity organized under the laws of the State of RI  
 Taxpayer Identification Number: [REDACTED]

Foreign entity, address and telephone number of principal office:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

14 ASHLEY DRIVE  
LINCOLN, RHODE ISLAND 02865

Telephone: (401) 333-1094

Business Entity is (check one)  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed  
JOHN M. CLOUTIER  
14 ASHLEY DRIVE  
LINCOLN, RHODE ISLAND 02865

Brief statement of the character of business conducted in Rhode Island:  
TO SELL AND MAINTAIN PLANTS AND MATERIALS AND TO DO ANY OTHER LAWFUL BUSINESS UNDER THE LAWS OF THE STATE OF RHODE ISLAND  
 Date of Organization 7/19/90  
 Date of Qualification to do business in Rhode Island (if foreign entity)

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
JOHN M. CLOUTIER (President)	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND	02865	
LISA H. CLOUTIER (Vice President)	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND	02865	
LISA H. CLOUTIER (Secretary)	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND	02865	
JOHN M. CLOUTIER (Treasurer)	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND	02865	

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
JOHN M. CLOUTIER	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND	02904	
LISA H. CLOUTIER	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND	02904	

NUMBER OF SHARES AUTHORIZED (If Applicable)  
1500  
 CLASS: COMMON  
 SERIES:  
 PAR VALUE OR WITHOUT PAR: NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)  
 NUMBER: NONE  
 CLASS:  
 SERIES:  
 PAR VALUE OR WITHOUT PAR:

By: John M. Cloutier  
JOHN M. CLOUTIER  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
PRESIDENT  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.I.C. 3 must be filed.

**FILED**

FEB 16 1994

By: Renn CK 1445

JOHN M. CLOUTIER  
 14 ASHLEY DRIVE  
 LINCOLN RI 02865

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

1341 j/93  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0061211 Annual Report for the year 1993

FIRST: The name of the corporation is NATURAL SETTINGS OF LINCOLN, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is to sell and maintain plants and materials  
and to do any other lawful business under the Laws of The State of Rhode Island

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 14 Ashley Drive, Lincoln, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
JOHN M. CLOUTIER	Director	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND
LISA H. CLOUTIER	Director	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND
	Director	
JOHN M. CLOUTIER	President	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND 02865
LISA H. CLOUTIER	Vice President	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND 02865
LISA H. CLOUTIER	Secretary	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND 02865
JOHN M. CLOUTIER	Treasurer	14 ASHLEY DRIVE, LINCOLN, RHODE ISLAND 02865

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
1500			PAID NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
0			SECY OF STATE

Dated JANUARY 26 19 93

(Name of Corporation) NATURAL SETTINGS OF LINCOLN, INC.

By John M. Cloutier, President

Title PRESIDENT

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

6/17/92 1700

Corporate ID 0051211 Annual Report for the year 1992

FIRST: The name of the corporation is NATURAL SETTINGS OF LINCOLN, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the selling + maintenance of plants + flowers and any other business lawful under the laws of the State of Rhode Island

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 14 Ashley Drive, Lincoln, RI 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
John M. Cloutier	Director	14 Ashley Dr., Lincoln, R.I. 02865
Lisa H. Cloutier	Director	14 Ashley Dr., Lincoln, RI 02865
	Director	
John M. Cloutier	President	14 Ashley Dr., Lincoln, RI 02865
Lisa H. Cloutier	Vice President	14 Ashley Dr., Lincoln, RI 02865
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1500			PAID NO PAR VALUE

PAID FEB 19 1992 NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
0			SECY OF STATE

SECY OF STATE

Dated Feb 10 19 92

Natural Settings of Lincoln, Inc.  
(Name of Corporation)

By John M. Cloutier

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0061211 Annual Report for the year 1991

FIRST: The name of the corporation is NATURAL SETTINGS OF LINCOLN, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the sale and rental of plants and flowers, to buy and sell real estate and for any other purpose under the laws of the State of Rhode Island

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 14 Ashley Drive, Lincoln, R.I. 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>John M. Cloutier</u>	<u>Director</u>	<u>14 Ashley Drive, Lincoln, RI 02865</u>
<u>Lisa H. Cloutier</u>	<u>Director</u>	<u>14 Ashley Drive, Lincoln, RI 02865</u>
	<u>Director</u>	
	<u>President</u>	
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1500</u>			<u>NO PAR</u>

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>0</u>			

FEB 21 1991

SECY OF STATE

Dated 2/19 19 91

Natural Settings of Lincoln, Inc.  
(Name of Corporation)

By Lisa H. Cloutier

Title Vice President

(Report must be signed by an officer)