



**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. 91813		2. Name of Corporation PALUMBO'S NURSERY INC.			
3. Street Address Principal Business Office 788 NAMQUID DRIVE			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-463-6681		5. State of Incorporation RHODE ISLAND		6. SIC Code 4473	
7. Brief Description of the Character of Business Conducted in Rhode Island GROWING AND SELLING AT WHOLESALE AND RETAIL LIVING NURSERY STOCK.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SAMUEL F. PALUMBO, JR.			Vice President Name BARBARA PALUMBO		
Street Address 788 NAMQUID DRIVE			Street Address 788 NAMQUID DRIVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name BARBARA PALUMBO			Treasurer Name SAMUEL F. PALUMBO, JR.		
Street Address 788 NAMQUID DRIVE			Street Address 788 NAMQUID DRIVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAMUEL F. PALUMBO, JR.			Director Name BARBARA PALUMBO		
Street Address 788 NAMQUID DRIVE			Street Address 788 NAMQUID DRIVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
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			200	COMMON	NO PAR

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



\*91813\*

File Date 1/25/05  
Check No. 3614  
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.

Samuel F. Palumbo Jr 1/21/05  
Signature of Officer Date  
SAMUEL F. PALUMBO, JR.  
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. 91813		2. Name of Corporation PALUMBO'S NURSERY INC.					
3. Street Address Principal Business Office 788 NAMQUID DRIVE				City WARWICK	State RI	Zip 02888	
4. Business Phone No. 401-463-6681			5. State of Incorporation RHODE ISLAND			6. SIC Code 4473	
7. Brief Description of the Character of Business Conducted in Rhode Island GROWING AND SELLING AT WHOLESALE AND RETAIL LIVING NURSERY STOCK.							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name SAMUEL F. PALUMBO, JR.				Vice President Name BARBARA PALUMBO			
Street Address 788 NAMQUID DRIVE				Street Address 788 NAMQUID DRIVE			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888		
Secretary Name BARBARA PALUMBO				Treasurer Name SAMUEL F. PALUMBO, JR.			
Street Address 788 NAMQUID DRIVE				Street Address 788 NAMQUID DRIVE			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name SAMUEL F. PALUMBO, JR.				Director Name BARBARA PALUMBO			
Street Address 788 NAMQUID DRIVE				Street Address 788 NAMQUID DRIVE			
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888		
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			200	COMMON	NO PAR		

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



\* 9 1 8 1 3 \*

File Date 2-30-04  
Check No. 3372  
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] 2-2-04  
Signature of Officer Date  
SAMUEL F. PALUMBO, JR.  
Print or Type Name of Officer  
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. **91813** 2. Name of Corporation **PALUMBO'S NURSERY INC.**

3. Street Address Principal Business Office **788 NAMQUID DRIVE** City **WARWICK** State **RI** Zip **02888**

4. Business Phone No. **463-6681** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4473**

7. Brief Description of the Character of Business Conducted in Rhode Island **GROWING AND SELLING AT WHOLESALE AND RETAIL LIVING NURSERY STOCK INCLUDING ALL TYPES OF TREES, SHRUBS, PLANTS, ETC. AND ANCILLARY YARD BEAUTIFICATION EQUIPMENT AND TOOLS.**

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

President Name  
**SAMUEL F. PALUMBO, JR.**  
Street Address  
**788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888**

Vice President Name  
**BARBARA PALUMBO**  
Street Address  
**788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888**

Secretary Name  
**BARBARA PALUMBO**  
Street Address  
**788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888**

Treasurer Name  
**SAMUEL F. PALUMBO, JR.**  
Street Address  
**788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888**

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

Director Name  
**BARBARA PALUMBO**  
Street Address  
**788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888**

Director Name  
**SAMUEL F. PALUMBO, JR.**  
Street Address  
**788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888**

Street Address  
City State Zip

Street Address  
City State Zip

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

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

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

ISSUED SHARES	Class/Series	Par Value
200	COMMON	NO PAR

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



\* 9 1 8 1 3 \*

File Date: 1-21-03  
Check No.: 3124  
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] 1/26/03  
Signature of Officer Date

**SAMUEL F. PALUMBO, JR.**

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. **91813** 2. Name of Corporation **PALUMBO'S NURSERY, INC.**  
3. Street Address Principal Business Office **788 NAMQUID DRIVE** City **WARWICK** State **RI** Zip **02888**  
4. Business Phone No. **463-6681** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4473**  
7. Brief Description of the Character of Business Conducted in Rhode Island **GROWING AND SELLING AT WHOLESALE AND RETAIL LIVING NURSERY STOCK INCLUDING ALL TYPES OF TREES, SHRUBS, PLANTS, ETC. AND ANCILLARY YARD BEAUTIFICATION EQUIPMENT AND TOOLS.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name **SAMUEL F. PALUMBO, JR.** Vice President Name **BARBARA PALUMBO**  
Street Address **788 NAMQUID DRIVE** Street Address **788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888** City **WARWICK** State **RI** Zip **02888**  
Secretary Name **BARBARA PALUMBO** Treasurer Name **SAMUEL F. PALUMBO, JR.**  
Street Address **788 NAMQUID DRIVE** Street Address **788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888** City **WARWICK** State **RI** Zip **02888**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name **BARBARA PALUMBO** Director Name **SAMUEL F. PALUMBO, JR.**  
Street Address **788 NAMQUID DRIVE** Street Address **788 NAMQUID DRIVE**  
City **WARWICK** State **RI** Zip **02888** City **WARWICK** State **RI** Zip **02888**  
Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES ISSUED SHARES  
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE** **200 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: 7-29-02  
Check No.: 3027  
By: de

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 7-23-02  
**SAMUEL F. PALUMBO, JR.**  
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. **91813** 2. Name of Corporation **PALUMBO'S NURSERY INC.**

3. Street Address Principal Business Office **788 NAMQUID DRIVE** City **WARWICK** State **RI** Zip **02888**

4. Business Phone No. **463-6681** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4473**

7. Brief Description of the Character of Business Conducted in Rhode Island **GROWING AND SELLING AT WHOLESALE AND RETAIL LIVING NURSERY STOCK INCLUDING ALL TYPES OF TREES, SHRUBS, PLANTS, ETC. AND ANCILLARY YARD BEAUTIFICATION EQUIPMENT AND TOOLS.**

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

President Name <b>SAMUEL F. PALUMBO JR.</b> Street Address <b>788 NAMQUID DRIVE</b> City State Zip <b>WARWICK RI 02888</b> Secretary Name <b>BARBARA PALUMBO</b> Street Address <b>788 NAMQUID DRIVE</b> City State Zip <b>WARWICK RI 02888</b>	Vice President Name <b>BARBARA PALUMBO</b> Street Address <b>788 NAMQUID DRIVE</b> City State Zip <b>WARWICK RI 02888</b> Treasurer Name <b>SAMUEL F. PALUMBO JR.</b> Street Address <b>788 NAMQUID DRIVE</b> City State Zip <b>WARWICK RI 02888</b>
--	---

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

Director Name <b>BARBARA PALUMBO</b> Street Address <b>788 NAMQUID DRIVE</b> City State Zip <b>WARWICK RI 02888</b>	Director Name <b>SAMUEL F. PALUMBO JR.</b> Street Address <b>788 NAMQUID DRIVE</b> City State Zip <b>WARWICK RI 02888</b>
--	--

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>COMMON</b>	<b>NO PAR</b>

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



\* 9 1 8 1 3 \*

File Date: 2/19  
2456  
Check No.: \_\_\_\_\_  
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] 2-08-01  
Signature of Officer Date

**SAMUEL F. PALUMBO JR.**  
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. **91813** 2. Name of Corporation **PALUMBO'S NURSERY INC.**  
3. Street Address Principal Business Office **788 Namquid Drive** City **Warwick** State **RI** Zip **02888**  
4. Business Phone No. **463-6681** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4473**

7. Brief Description of the Character of Business Conducted in Rhode Island **Growing and selling at wholesale and retail living nursery stock including all types of trees, shrubs, plants, etc. and ancillary yard beautification equipment and tools**

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

<i>President Name</i>			<i>Vice President Name</i>		
Samuel F. Palumbo, Jr.			Barbara Palumbo		
<i>Street Address</i>			<i>Street Address</i>		
788 Namquid Drive			788 Namquid Drive		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Warwick	RI	02888	Warwick	RI	02888
<i>Secretary Name</i>			<i>Treasurer Name</i>		
Barbara Palumbo			Samuel F. Palumbo, Jr.		
<i>Street Address</i>			<i>Street Address</i>		
788 Namquid Drive			788 Namquid Drive		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Warwick	RI	02888	Warwick	RI	02888

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

<i>Director Name</i>			<i>Director Name</i>		
Barbara Palumbo			Samuel F. Palumbo Jr.		
<i>Street Address</i>			<i>Street Address</i>		
788 Namquid Drive			788 Namquid Drive		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Warwick	RI	02888	Warwick	RI	02888

**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
200	common	no par

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



\* 9 1 8 1 3 \*

File Date: 2/29/00  
2003  
Check No.: 21  
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.

Samuel F. Palumbo Jr. 2-27-2003  
Signature of Officer Date  
Samuel F. Palumbo Jr.  
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. <b>91813</b>		2. Name of Corporation <b>PALUMBO'S NURSERY INC.</b>			
3. Street Address Principal Business Office <b>788 Namquid Drive</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No. <b>463-6681</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>4473</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Growing and selling at wholesale and retail living nursery stock including all types of trees, shrubs, plants, etc. and ancillary yard beautification equipment and tools</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Samuel F. Palumbo, Jr.</b>			Vice President Name <b>Barbara Palumbo</b>		
Street Address <b>788 Namquid Drive</b>			Street Address <b>788 Namquid Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
Secretary Name <b>Barbara Palumbo</b>			Treasurer Name <b>Samuel F. Palumbo, Jr.</b>		
Street Address <b>788 Namquid Drive</b>			Street Address <b>788 Namquid Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Barbara Palumbo</b>			Director Name <b>Samuel F. Palumbo, Jr.</b>		
Street Address <b>788 Namquid Drive</b>			Street Address <b>788 Namquid Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</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"/>					
AUTHORIZED SHARES			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			<b>200</b>	<b>common</b>	<b>no par</b>

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



File Date: 12/12/99  
Check No.: 1727  
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] 2-9-99  
Signature of Officer Date  
**Samuel F. Palumbo, Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **91813** 2. Name of Corporation **PALUMBO'S NURSERY INC.**

3. Street Address Principal Business Office  
**788 Namquid Drive** City **Warwick** State **RI** Zip **02888**

4. Business Phone No. **463-6681** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4473**

7. Brief Description of the Character of Business Conducted in Rhode Island **Growing and selling at wholesale and retail living nursery stock including all types of trees, shrubs, plants, etc. and ancillary yard beautification equipment and tools**

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

President Name <b>Samuel F. Palumbo, Jr.</b>	Vice President Name <b>Barbara Palumbo</b>
Street Address <b>788 Namquid Drive</b>	Street Address <b>788 Namquid Drive</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>
Secretary Name <b>Barbara Palumbo</b>	Treasurer Name <b>Samuel F. Palumbo, Jr.</b>
Street Address <b>788 Namquid Drive</b>	Street Address <b>788 Namquid Drive</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>

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

Director Name <b>Barbara Palumbo</b>	Director Name <b>Samuel F. Palumbo, Jr.</b>
Street Address <b>788 Namquid Drive</b>	Street Address <b>788 Namquid Drive</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>	City <b>Warwick</b> State <b>RI</b> Zip <b>02888</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>			<b>200</b>	<b>common</b>	<b>no par</b>

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



File Date: **2-10-98**  
Check No.: **1372**  
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: **2-9-98**  
Print or Type Name of Officer: **Samuel F. Palumbo, Jr.**  
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. <b>91813</b>		2. Name of Corporation <b>PALUMBO'S NURSERY INC.</b>	
3. Street Address Principal Business Office <b>788 Namquid Drive</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. Business Phone No. <b>(401) 463-6681</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>4473</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Growing and selling at wholesale and retail living nursery stock including all types of trees, shrubs, plants, etc. and ancillary yard beautification equipment and tools.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>Samuel F. Palumbo, Jr.</b>		Vice President Name <b>Barbara Palumbo</b>	
Street Address <b>788 Namquid Drive</b>		Street Address <b>788 Namquid Drive</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
	Zip <b>02888</b>		Zip <b>02888</b>
Secretary Name <b>Barbara Palumbo</b>		Treasurer Name <b>Samuel F. Palumbo, Jr.</b>	
Street Address <b>788 Namquid Drive</b>		Street Address <b>788 Namquid Drive</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
	Zip <b>02888</b>		Zip <b>02888</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <b>Barbara Palumbo</b>		Director Name <b>Samuel F. Palumbo, Jr.</b>	
Street Address <b>788 Namquid Drive</b>		Street Address <b>788 Namquid Drive</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
	Zip <b>02888</b>		Zip <b>02888</b>
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares
<b>1,000 SHS NO PAR VALUE</b>			<b>200</b>
			<b>common</b>
			<b>no par</b>

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



File Date: **3.3.97**

Check No.: **1008**

By: **SP**

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: **Samuel F. Palumbo, Jr.** Date: **2-27-97**

Print or Type Name of Officer: **Samuel F. Palumbo, Jr.**

Title of Officer: **President SAMUEL F PALUMBO JR**