



**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>122266</b>		2 Name of Corporation <b>Snow Management, Inc.</b>			
3 Street Address Principal Business Office <b>131 CHURCH STREET</b>			City <b>BURLINGTON</b>	State <b>VERMONT</b>	Zip <b>05401</b>
4 Business Phone No. <b>802.862.0098</b>		5 State of Incorporation <b>NEW HAMPSHIRE</b>		6 SIC Code	
7 Brief Description of the Character of Business Conducted in Rhode Island <b>LANDSCAPE ARCHITECTURE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>TED BEELER</b>			Vice President Name		
Street Address <b>131 CHURCH STREET</b>			Street Address		
City <b>BURLINGTON</b>	State <b>VT.</b>	Zip <b>05401</b>	City	State	Zip
Secretary Name <b>CHRIS CUSHING</b>			Treasurer Name <b>CHRIS DUNN</b>		
Street Address <b>131 CHURCH STREET</b>			Street Address <b>131 CHURCH STREET</b>		
City <b>BURLINGTON</b>	State <b>VT.</b>	Zip <b>05401</b>	City <b>BURLINGTON</b>	State <b>VT.</b>	Zip <b>05401</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>CHRIS DUNN</b>			Director Name		
Street Address <b>131 CHURCH STREET</b>			Street Address		
City <b>BURLINGTON</b>	State <b>VT.</b>	Zip <b>05401</b>	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
<b>10 COMM NO PAR VALUE</b>			<b>4390</b>	<b>Common</b>	<b>\$1.00</b>

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



\* 1 2 2 2 6 6 \*

File Date RECEIVED  
Check No. MAR 10 2004  
By: EV 39811  
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

**CHRIS DUNN**

TREASURER  
Title of Officer

1/22/04  
Date