



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No 109915		2 Name of Corporation James Turtle Landscaping, Inc.			
3 Street Address Principal Business Office 48 GARDEN HILLS DRIVE		City CRANSTON	State RI	Zip 02920-	
4 Business Phone No 4019421607		5 State of Incorporation RHODE ISLAND		6 SIC Code 6882	
7 Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE LANDSCAPING SERVICES.					
8 NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENTS) ☐ FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name James Turtle			Vice President Name		
Street Address 48 GARDEN HILLS DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name James Turtle			Treasurer Name James Turtle		
Street Address 48 GARDEN HILLS DRIVE			Street Address 48 GARDEN HILLS DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9 NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENTS) ☐ FILE 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 (SEE BOX FOR ATTACHMENT) ☐ 11 SHARES ISSUED (SEE BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			100	Common	No Par

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



1 0 9 9 1 5

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

Date

James Turtle

Print or Type Name of Officer

President

Title of Officer

File Date

1/18/05

Check No

1153

By

VS

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, 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 IN BLACK)

1. Corporate ID No. *109915*		2. Name of Corporation James Turtle Landscaping, Inc.			
3. Street Address Principal Business Office 48 GARDEN HILLS DRIVE			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. 4019421607		5. State of Incorporation RHODE ISLAND			6. SIC Code 6882
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE LANDSCAPING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Turtle			Vice President Name		
Street Address 48 GARDEN HILLS DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name James Turtle			Treasurer Name James Turtle		
Street Address 48 GARDEN HILLS DRIVE			Street Address 48 GARDEN HILLS DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ 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) ☐ 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
2,000 NO PAR VALUE			100	Common	No Par

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



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109915 DBC1/21/0312:26:08 PM

FILED

File Date JAN 28 2004

Check No. 1

By: m18051

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

Date

James Turtle

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *109915*	2. Name of Corporation James Turtle Landscaping, Inc.		
3. Street Address Principal Business Office 48 GARDEN HILLS DRIVE	City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4019421607	State of Incorporation RHODE ISLAND	6. SIC Code 5882	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE LANDSCAPING SERVICES.			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Turtle			Vice President Name		
Street Address 48 GARDEN HILLS DRIVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name James Turtle			Treasurer Name James Turtle		
Street Address 48 GARDEN HILLS DRIVE			Street Address 48 GARDEN HILLS DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ 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) ☐			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
2,000 NO PAR VALUE			100	Common	No Par

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



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109915 DBC1/21/0312:26:08 PM

File Date 2/4/03

Check No 702

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] Date 1-30-03

James Turtle

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **109915**
2. Name of Corporation **James Turtle Landscaping, Inc.**
3. Street Address Principal Business Office
48 Garden Hills Drive
4. Business Phone No. **942-1607**
5. State of Incorporation **RHODE ISLAND**
6. Brief Description of the Character of Business Conducted in Rhode Island

City **Cranston** State **RI** Zip **02920**
6. SIC Code **2212**

To provide landscaping services.

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

President Name **James Turtle** Vice President Name
Street Address **48 Garden Hills Drive** Street Address
City **Cranston** State **RI** Zip **02920** City State Zip
Secretary Name **James Turtle** Treasurer Name
Street Address **SAME** Street Address **SAME**
City State Zip City State Zip

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

Director Name Street Address City State Zip
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
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

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



* 1 0 9 9 1 5 *

File Date: 1-17-02

Check No.: 523

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 [Signature] Date 1/12/02

James Turtle

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **109915** 2. Name of Corporation **James Turtle Landscaping, Inc.**

3. Street Address Principal Business Office **48 Garden Hills Drive** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **942-1607** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6882**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide landscaping services

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

President Name James Turtle	Vice President Name
Street Address 48 Garden Hills Drive	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name James Turtle	Treasurer Name James Turtle
Street Address same	Street Address same
City State Zip	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par

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



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File Date: 2/12

Check No.: 306

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 [Signature] Date 02-01-01

James Turtle

Print or Type Name of Officer

President

Title of Officer