

FOR SECRETARY OF STATE USE ONLY

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

Motthew A. Brown, Secretary of State Carperations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

FORM MUST BE TYPED IN	BLACK) 2. Name of Corporat				_,
I. Corporate ID No. 84318	GREENEST T				
3. Street Address Petncipal Bus 130 EWING ROAD			City NORTH KINGSTOWN	State · RI	74p 102852
d. Business Phone No. 4018847117		5. State of Incorporation RHODE ISLAND			6. SIC Code   2212
. Erlef Description of the Cha		cted in Rhode Island BUSINESS OF GENERAL	LANDSCAPING.		
8. NAMES AND ADDRE	SS <b>ES OF THE OFF</b> IC	ERS ("X" BOX FOR ATTA	CHMEND AFILL INSPAC	es repore using att	CHMENTS
resident Name  MOLOUVET  Street Address	Murphy		Pice President Name MICHAEL Street Address	L. Murph	Ιγ
130 CWING	a Road_		130 GNIM	g Road	~ <u></u>
Cin. Novih Kingston	Wh R!	02052	City North Kingshi Treasurer Name	in RI.	. 02052
Margaret_	T. Murphy	<i> </i>	MICHAEL Street Address	L_MUYDA	/
itreet Address 130 GNV	g Road		130_GNIM	ig Rood	
"NOTH LINGSTOW 9. NAMES AND ADDRE	1 1	<sup>Zip</sup> 0&52 C <b>tors</b> ("X" <b>bo</b> x for at	City November Defler in spa Tachment Defler in spa		210 1 02852 FACHMENTS
Pirector Name Maryalet		<u></u>	Director Name MICHAE	L. MUDY	Y
irees Address CNIM	ig Road	'	Street Address 30 EV	ung Road	
DOYTH KINGSTON	n! R.	1.085Z	North Kingstown Director Name	State RI	028-52.
Stress Address			Street Aditiess		<del></del>
City	State	Zip	City	State	Zip ———
10. SHARES AUTHORIZ AUTHORIZED SHARES		· · · · · · · · · · · · · · · · · · ·	11. SHARES ISSUED ("X" I		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
I,000 NO PAR VALUE	· = •		,100	Connon	, No
			•		l
his report must be sign	ed in ink by either	the President, Vice Pre	sident, Secretary, Assista	int Secretary, Treasur	er, Receiver or Trus.
84 18111 81888 1	TEC 11001 301				
			I Indas Soundles of sonis	ry, I declare and affirm th	at I have examined
	· - · · · · · · · · · · · · · · · · · ·		this report, including a	ny accompanying schedu	les and statements,
*84318 DBC 04/26/05	5 06:00:53 PM*		and that all statements	contained herein are true	and correct
File Date 6 24	2105		Margaret -	TIVICIPHY	219102
		1	Signature of Officer	1 11170	16

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335

### 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. 2. Name of Corporation GREENEST THUMBS, INC. 84318 3. Street Address Principal Business Office State 130 EWING ROAD NORTH KINGSTOWN RI 02852 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4018847117 RHODE ISLAND 2212 7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, OPERATE AND CARRY ON THE BUSINESS OF GENERAL LANDSCAPING. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Margaret T. Murphy Michael L. Murphy Sirces Address Street Address 130 Ewing Road 130 Ewing Road City State Zip City State Zip North Kingstown RΙ 02852 RI 02852 Šečretary Name Treasurer Name Margaret T. Murphy Michael L. Murphy Street Address · Street Address . 130 Ewing Road 130 Ewing Road City State \*City Zip State Zip North Kingstown RI 02852 .North Kingstown RI 02852 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Margaret T. Murphy 'Michael L. Murphy Street Address · Street Address 130 Ewing Road 130 Ewing Road City State Zip ·City State Zip North Kingstown RI 02852 North Kingstown RI 02852 Director Name Director Name Street Address ·Street Address City State Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES Number of Shares Par Velue Number of Shares Class/Series Class/Series Par Value 1,000 NO PAR VALUE 100 Common No This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

8 4 3 1 8	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.
*84318 DBC 02/05/04 05:00:30 PM*	and that all statements contained herein are true and correct.
File Date	Mayaut TMupy 2/15/04
Check No	Signature of Difficer  Margaret T. Murphy
LED TO Sobe	 Frint or Type Name of Officer
OR SECRETARY OF STATE ON ONCE	President
<del></del>	Title of Officer Form 630 12/01

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 <u>2003</u>

lling Period: January 1-March 1	•	Filing	Fce:	\$50.00
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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

Number of Shares

1,000 NO PAR VALUE

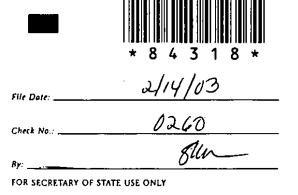
2. Name of Corporation

84318 GREENEST THUMBS, INC. City State Zip 3. Street Address Principal Business Office 130 Ewing Road North Kingstown RI 02852 5. State of Incorporation 4. Rusiness Phone No. 401-884-7117 2212 **RHODE ISLAND** 7. Brief Description of the Character of Rusiness Conducted in Rhade Island general landscaping 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Margaret T. Murphy Michael L. Murphy Street Address Street Address 130 Ewing Road 130 Ewing Road Zip City State ZIp 02852 . . . . RI N. Kingstown N. Kingstown RI 02852 Secretary Name Treasurer Name Margaret T. Murphy Michael L. Murphy Street Address Street Address 130 Ewing Road 130 Ewing Road Z.Ip 02852 RI N. Kingstown N. Kingstown 02852 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Margaret T. Murphy Michael L. Murphy Street Address Street Address 130 Ewing Road 130 Ewing Road State Cliv Zio State RI 02852... N. Kingstown N. Kingstown ... RI 02852. Director Name Director Name Street Address Street Address City State State Z, ip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES

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

Number of Shares

100



Class/Serles

Common

Par Value

No par value

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.

Class/Series

Common

Margaret T Muphy 2/10/2003

Margaret T. Murphy, President Print or Type Name of Officer

President



Par Value

No par value

Edward S. Inman, III. Secretary of State Corporations Division

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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

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STOP PLEASE READ INSTRUCTIONS
INSTRUCTIONS

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(FORM MUST BE TYPED IN BLA						
1. Corporate ID No.	2. Name of Corporati					
84318		THUMBS, INC.	City		714	
3. Street Address Principal Business	Office		City	State	Zip	
130 Ewing Road		f flats of incomments	N.Kingstown	RI	02852 6. SIC Gode	
4. Business Phone No.		S. State of Incorporation RHODE ISLAN			2212	
401-884-7117	- of Business Conducted in	Bhada teland				
7. Brief Description of the Character		TO OMI	, operate and carry		s of general	
landscaping, laws 8. NAMES AND ADDRES Fresident Name	n & garden ca ses of the office	re, including t CERS (*X* BOX FOR ATTA	he application of chackment) FILLIN SPACES B	emicals, etc. EFORE USING ATTAC	HMENTS	
MARGARET T. MURI	рнү		MICHAEL L. MU	RPHY		
Street Address			Street Address			
180 Ewing Road			130 Ewing Roa	d		
City Diving 11000	State	Zip	City	State	. Zip	
N. Kingstown	RI	02852	N. Kingstown	RI	02852	
Secretary Name	•	·	Treasurer Name	•		
MARGARET T. MUR	PHY		MICHAEL L. MU	IRPHY		
Street Address			Street Address			
130 Ewing Road			130 Ewing Roa	ıd		
City	State	Zip	City	State	Zip	
N. Kingstown	RI	02852	N. Kingstown	RI	02852	
9. NAMES AND ADDRES Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS	
MARGARET T. MUR	PHY		MICHAEL L. MU	JRPHY		
Street Address			Street Address			
130 Ewing Road			130 Ewing Roa	nd	,	
City	State	Zip	City	State	Z.(p	
N. Kingstown	RI	02852	N. Kingstown	RI	02852	
Director Name			Director Name	_		
None			None			
Street Address			Street Address			
City	State	Zíp	City	State	Zip	
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" HOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT	"	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			100 shares	No Par Val	lue (Common)	

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

Title of Officer **⇔** 5



File Date:	8-1.02	
Pile Date:		
Check No.:	227	
	Ze	
Ву:	<del></del>	
FOR SECRE	Y OF STATE LISE 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.  MacCarel T Muppy 7/30/02  Signature of Officer  Date	ort, including any accompanying schedules and statements, and statements contained herein are true and correct.  account Thupul 7/30/02 of Older  Parte	i 2
MARGARET T. MURPHY	ARET T. MURPHY	
Print or Type Name of Officer PRESIDENT 7/30/2002		

Form 630 12/01

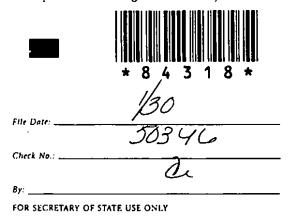


## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

Filing Period: January	1-March 1 • Fil	ing Fec: \$50.00			INSTRU
FORM MUST BE TYPED IN BLAC	CK)				
t. Corporate ID No. 84318	2. Name of Corporation THE GREENES1	THUMBS YARD S	ERVICE, INC.		
3. Street Address Principal Business (	Office		City	State	Zip
130 Ewing Road  1. Business Phone No.		5. State of Incorporation	N. Kingstown	RI	C2852 6. <u>95</u> 69
401-884-7117		RHODE ISLAND			
7. Brief Description of the Character	of Business Conducted in Rho	de Island To own, or	perate and carry or	n the business o	f general
B. NAMES AND ADDRESS President Name MARGARET T. MURP Street Address	SES OF THE OFFICER	e, including the	e application of chairmann of c	nemicals, etc. FORE USING ATTACHM	_
130 Ewing Road	State	Zip	City City	State	Zip
N. Kingstown	RI	02852	N. Kingstown	RI	02852
Secretary Name			Treasurer Name		•
MARGARET T. MURP	РНҮ		MICHAEL L. MURF Street Address	PHY	
130 Ewing Road			130 Ewing Road		
Sily	State	Zip	City	State	Zip
N. Kingstown	RI	02852	N. Kingstown	RI	02852
9. NAMES AND ADDRES! Director Name	SES OF THE DIRECT	ORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES I Director Name	BEFORE USING ATTACH	IMENTS
MARGARET T. MURF	РНҮ		MICHAEL L. MURF	PHY	
130 Ewing Road			130 Ewing Road		
City	State	Zip	City	State	Zip
N. Kingstown Director Name	RI	02852	N. Kingstown  Director Name	RI	02852
	None		No	one	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	D (*X* BOX FOR ATTACHN	MENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	•
Number of Shares	Class/Series	Par Value	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



1,000 SHS NO PAR VALUE

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.

Mayouf Thursday 1/29/2001

Signature of Officer

MARCARET T. MUDDLY

No Par Value (Common)

MARGARET T. MURPHY
Print or Type Name of Officer

PRESIDENT 1/29/2001

Title of Officer

100 Shares



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

iling	Period:	January	1-March 1	•	Filing	Fee:	\$50.00
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PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 🔹	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)	

2. Name of Corporation 1. Corporate ID No. THE GREENEST THUMBS YARD SERVICE, INC. 84318 Zip State 3. Street Address Principal Business Office City 02852 RI N. Kingstown 130 Ewing Road 6. SIC Code 4. Business Phone No. 5. State of incorporation 2212 RHODE ISLAND (401) 884-7117 7. Brief Description of the Character of Business Conducted in Rhode Island general landscaping 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Michael L. Murphy Margaret T. Murphy Street Address Street Address 130 Ewing Road 130 Ewing Road State Zio City State 02852 RI 02852 N. Kingstown RI N. Kingstown Treasurer Name Secretary Name Michael L. Murphy Margaret T. Murphy Street Address Street Address 130 Ewing Road 130 Ewing Road City State Zip State Zip 02852 RI 02852 N. Kingstown RI N. Kingstown 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Michael L. Murphy Margaret T. Murphy Street Address Street Address 130 Ewing Road 130 Ewing Road State ' Zip State Zip City City RI 02852 02852 N. Kingstown RΙ N. Kingstown Director Name Director Name Street Address Street Address Zip City State Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

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

Par Value

No par value

ISSUED SHARES

100

Number of Shares

File Date:	4/12/00
Check No.:	50273
Ву:	<u> </u>
FOR SECRETARY OF	STATE USE ONLY

Class/Series

Common

AUTHORIZED SHARES

1,000 SHRS

Number of Shares

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

Class/Series

Common

Par Value

No par value

Pres. Margaret T. Murphy,

Print or Pape Name of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpora	tion		•	<del></del>
84318	THE GRE	ENEST THUMBS	YARD SERVICE, INC	•	
3. Street Address Principal Business	Office		City	State	Zip
130 Ewing Roa	d		N. Kingstown	RÍ	02852
4. Business Phane No.		5. State of Incorporati	оп		6. SIC Code
(401) 884-711	7	RHODE IS	SLAND		2212
7. Brief Description of the Character	of Business Conducted i	n Rhode Island			
general land	scaping				
8. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS ("X" BOX FOR AT	FACHMENT) FILL IN SPACES BE	EFORE USING ATTA	CHMENTS
Margaret T.	Murnhy		Michael L.	Murphy	
Street Address	rial piry		Street Address		
130 Ewing R	oad		130 Ewing R	oad	
City	State	Zip	City	State	Zip
N. Kingstown	RI	02852	N. Kingstown	RI	02852
Secretary Name			Treasurer Name		• • • • • • • • • • • • • • • • • • • •
Margaret T. Mur	phy		Michael L. Mur	phý	
Street Address	F7		Street Address	• ,	•
130 Ewing Road			130 Ewing Road		
City	State	Zip	City	State	· Zip
N. Kingstown	RI	02852	N. Kingstown	RI	02852
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES	BEFORE USING AT	TACHMENTS
Director Name			Director Name		
Margaret T. Mu	rphy		Michael L. Mur	phy	
Street Address			Street Address		
130 Ewing Road			130 Ewing Road		
City	State	Zip	City	State	Zip
N. Kingstown	RI	02852	N. Kingstown	RI	02852"
Director Name		•	Director Name		
Street Address			Street Address		
City	State	Zip	. City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X ESUED SHARES	BOX FOR ATTACHME	NT)
Number of Shares	Class/Series	Par Value	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

100

	FILED	
File Pate:	DEC 3 0 1999 By DA # 55	Under penal this report, I that all state
Check No. 1 17 17 17 17 17 17 17 17 17 17 17 17 1	235450	Signature of Of
		Print or Type N
By:  FOR SECRETARY OF STATE USE ONLY		Title of Officer

1,000 SHS NO PAR VALUE

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.

common

no par

that all statements contained herein are true and core	rect.
: Mararet Thurshy	12/28/9
Macazret T Murphy	
President	



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, Ri 02903-1335
401-277-3040

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation THE GREENEST THUMBS YARD SERVICE, INC. 84318 3. Street Address Principal Business Office N. Kingstown State RI 130 Ewing Road 4. Business Phone No. RHODE (SLAND (401)884-7117 7. Brief Description of the Character of Business Conducted in Rhode Island general landscaping 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Michael L. Murphy Margaret T. Murphy Street Address Street Address 130 Ewing Road 130 Ewing Road State RI -City State <sup>zip</sup> 02852 02852 N. Kingstown RI N. Kingstown Secretary Name Michael L. Murphy Margaret T. Murphy Street Address
130 Ewing Road Street Address 130 Ewing Road City State N. Kingstown State RI 02852 02852 N. Kingstown RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Michael L. Murphy Margaret T. Murphy Street Address 1304 Ewing Road 130 Ewing Road State RI City State <sup>Zip</sup> 02852 02852 N. Kingstown RI N.Kingstown 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

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

100

	* 8 4 3 1 8 *	
File Date: _	3.2.98	
Check No.: _	1083	
By:	1.UP	
OR SECRE	TARY OF STATE USE ONLY	

1,000 SHS NO PAR VALUE

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.

Marmust TMusolul

common

no par

Margaret T. Murphy, Pres.

Print or Type Name of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

iling Period	: January	1-March 1	•	Filing	Fee:	\$50.00
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(FORM MUST BE TYPED IN BLAC	ĸ	)
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1. Corporate ID No. 84318

2. Name of Corporation

THE GREENEST THUMBS YARD SERVICE, INC.

3. Street Address Principal Business Office

130 4. Business Phone No.

401-884-7117

EWING ROAD

NORTH KINGSTOWN RI

02852

6. SIC Code

5. State of incorporation RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island To own, operate, and carry on the business of general landscaping, lawn & garden care, including the application of Chemicals, etc. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR AFTACHMENT)

Margaret T. Murphy EWING ROAD

N. KING STOWN

Hurphy Margaret EWING ROAD

02852

L. Murphy Uichael

Murphy 1ıchael

EWING

02852

EWING

NONE

Street Address

State

ZIp

Michael L. Murphy

EWING ROAD

NONE

Street Address

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

City

Class/Series

Par Value

ISSUED SHARES

Number of 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



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.

## PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division

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.		
CORPORATE ID NO.	2. HAVE OF CORPORATION			<del></del>	
84318	THE GR	EENEST THUMBS Y	ARD-SERVICE, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFI	Œ.		, αίν	STATE	ZP CODE
130 Ewing Ro	oad		No.Kingstown	RI	02852
BUSINESS PHONE NO	*	5. STATE OF INCORPORATION		· · · · · · · · · · · · · · · · · · ·	6. SrC COOLE
401-884-7117	1	RHODE IS	SLAND		2212
BRIEF DESCRIPTION OF THE CHARACTER OF B	USINESS CONDUCTED IN RHOOE IS	To own, o	operate and carry	on the bus	iness of gener
landscaping, la	ıwn & garder	n care, inclu	ding the applica	tion of che	micals, etc.
	8. NA	AES AND ADOR	ESSES OF THE OFF	I C E R S	
RESIDENT NAME			WOE PRESIDENT NAME	un nuu	
MARGARET T.	MURPHY		" MICHAEL L. M	URPHY	<del></del>
130 Ewing Ro	ad		130 Ewing Ro	ad	
ily .	STATE	2P COOE	FOR	STATE	ZIP CODE
No.Kingstown,	RI	02852	No.Kingstown	RI	02852
ECRETARY NAME			TREASURER HAIVE		
MARGARET T.  IREET ADDRESS	MURPHY		MTCHAEL L.	MURPHY	<del></del>
130 Ewing Ro	ad		, 130 Ewing Ro	ađ	
īΫ́	STATE	2/2 COOE	div	SIATE	ZIP COOE
No.Kingstown,	RI	02852	No Kingstown,	RI	02852
RECTOR NAME	9 . NA !	MES AND ADDR	ESSES OF THE DIR	ECTORS	
MARGARET T.	MURPHY		MICHAEL L. M	URPHY	
TREET ADDRESS		<del> </del>	STREET ADDRESS	·	<del></del>
130 Ewing Ro			130 Ewing Ro		
m No.Kingstown,	STATE R I	02852	No.Kingstown	STATE	2≠∞∞ 02852
RECTOR HAME	I KI	02032	DIRECTOR HAME		02032
Nor	ıe		. No	ne	
TREET ADDRESS		<del></del>	STREET ADDRESS		·
		······································	<u> </u>		
ıfv	STATE	20 <b>00</b> €	i <sub>,</sub> an	STATE	∑P <b>COO</b> E
	1				
	1 0 . S &	IARES AUTHOR	IZED AND ISSUED	SSUED SHARES	-· - <del></del> · ·
NUMBER OF SHARES	CLASS / SERIES	PARI VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
			300 =		
1,000 SHS NO	PAR VALUE	(Common)	100 Shares	No Par Val	úe (Common)
	<del> </del>			<del></del>	<del> </del>
					· -i
	<u>_</u>			<del></del>	
D:			SNED IN INK by either the	logojuos os Tsucta	_
riesi	ucill, vice rieside	ent, Secretary, ASSIS	stant Secretary, Treasurer, F	eceivei or irustet	

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.

Magaut T. Mushul

File Date: 2/23/96

Check No: . 270

By:

For Secretary of State Use Only

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MARGARET T. MURPHY

Print or Type Name of Officer

PRESIDENT

2-23-96 9

Title of Officer

Signature of Officer

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