

AMENDED

Matthew A. Brown, Secretary of State  
Corporations Division  
160 North Main Street, Providence, RI 02903-1335  
401 222 3040



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 AMENDED

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

(FORM MUST BE TYPED IN BLACK)

|   |  |   |                     |
|---|--|---|---------------------|
| 1. Corporate ID No.<br>13724  |  | 2. Name of Corporation<br>EVERGREEN NURSERY, INC. |                     |
| 3. Street Address Principal Business Office<br>157 ROCKWOOD AVENUE  |  | City<br>CRANSTON                                  | State<br>RI         |
| 4. Business Phone No.<br>(401) 943-4933 / 942-4440  |  | 5. State of Incorporation<br>RHODE ISLAND         | 6. SIC Code<br>2212 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>LAWN CARE AND GARDENING SERVICES |  |   |                     |

|  |             |  |                  |
|--|-------------|--|------------------|
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |             |  |                  |
| President Name<br>DENNIS R. DEMARCO  |             | Vice President Name<br>DENNIS R. DEMARCO |                  |
| Street Address<br>91 HINES FARM ROAD   |             | Street Address<br>91 HINES FARM ROAD     |                  |
| City<br>CRANSTON   | State<br>RI | Zip<br>02921                             | City<br>CRANSTON |
| Secretary Name<br>ROBERTA D. DEMARCO   |             | Treasurer Name<br>DENNIS R. DEMARCO      |                  |
| Street Address<br>91 HINES FARM ROAD   |             | Street Address<br>91 HINES FARM ROAD     |                  |
| City<br>CRANSTON   | State<br>RI | Zip<br>02921                             | City<br>CRANSTON |

|   |       |                      |      |
|---|-------|----------------------|------|
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |       |                      |      |
| Director Name<br>N/A  |       | Director Name<br>N/A |      |
| Street Address  |       | Street Address       |      |
| City  | State | Zip                  | City |
| Director Name<br>N/A  |       | Director Name<br>N/A |      |
| Street Address  |       | Street Address       |      |
| City  | State | Zip                  | City |

|   |                   |           |   |              |              |
|---|-------------------|-----------|---|--------------|--------------|
| 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    |
| 500   | COMM NO PAR VALUE |           | 200   | COMMON       | NO PAR VALUE |

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



File Date: 4/4/03

Check No. \_\_\_\_\_

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.

Dennis R. Demarco 4-2-03  
Signature of Officer Date

DENNIS R. DEMARCO  
Print or Type Name of Officer

PRESIDENT  
Title of Officer