



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. 80037		2. Name of Corporation DiGregorio, Inc.			
3. Street Address Principal Business Office PO Box 294		City Greenville	State RI	Zip 02828	
4. Business Phone No. (401) 232-5550		5. State of Incorporation Rhode Island		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island Construction.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Enrico DiGregorio			Vice President Name Enrico DiGregorio		
Street Address PO Box 294			Street Address PO Box 294		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Tracy DiGregorio			Treasurer Name Enrico DiGregorio		
Street Address PO Box 294			Street Address PO Box 294		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Tracy DiGregorio			Director Name		
Street Address Same as above			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) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
500	Common	None	Number of Shares	Class/Series	Par Value
			500	Common	None

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



8 0 0 3 7

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 Enrico DiGregorio Date 2-28-05  
Enrico DiGregorio  
Print or Type Name of Officer  
President  
Title of Officer

File Date 3/8/05  
Check No. 5077  
By: W.  
FOR SECRETARY OF STATE USE ONLY



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80037		2. Name of Corporation DiGregorio, Inc.			
3. Street Address Principal Business Office PO BOX 294		City GREENVILLE	State RI	Zip 02828-	
4. Business Phone No. 401-943-2787 401 232-5550		5. State of Incorporation RHODE ISLAND		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island <del>GENERAL HANDGEARING</del> Construction					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Enrico DiGregorio		Vice President Name Enrico DiGregorio			
Street Address PO BOX 294		Street Address PO BOX 294			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Tracy DiGregorio		Treasurer Name <del>Fernando DiGregorio, Jr.</del> Enrico DiGregorio			
Street Address PO BOX 294		Street Address <del>121 Scituate Avenue</del> P.O. Box 294			
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Enrico DiGregorio		Director Name			
Street Address PO BOX 294		Street Address			
City Greenville	State RI	Zip 02828	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
500 COMM NO PAR VALUE			500	COMMON	NO PAR

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



8 0 0 3 7

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 Enrico DiGregorio Date 1-28-04  
Enrico DiGregorio  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

\*80037 DBC 01/10/04 01:33:28 PM\*

File Date 2/11/04

Check No. 27234

By: OR

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** 2003  
**Filing Period: January 1-March 1 • Filing Fee: \$50.00**

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **80037** 2. Name of Corporation **DiGregorio, Inc.**  
3. Street Address Principal Business Office **PO Box 294** City **Greenville** State **RI** Zip **02828**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**General Contractor**

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

President Name <b>Enrico DiGregorio</b> Street Address <b>PO Box 294</b> City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b> Secretary Name <b>Tracy DiGregorio</b> Street Address <b>PO Box 294</b> City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	Vice President Name <b>Enrico DiGregorio</b> Street Address <b>PO Box 294</b> City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b> Treasurer Name <b>Fernando DiGregorio, Jr.</b> Street Address <b>121 Scituate Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
---	---

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

Director Name <b>Enrico DiGregorio</b> Street Address <b>PO Box 294</b> City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	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
	<b>500 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</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



\* 8 0 0 3 7 \*

File Date: 2/24/03  
Check No: 23625  
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] 2-13-03  
Signature of Officer Date

Enrico DiGregorio  
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. 2. Name of Corporation

80037 DiGregorio, Inc.

3. Street Address Principal Business Office

PO Box 294

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

City

State

Zip

Greenville

RI

02828

6. SIC Code

2212

7. Brief Description of the Character of Business Conducted in Rhode Island

General Contractor

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

President Name

Enrico DiGregorio

Street Address

PO Box 294

City

State

Zip

Greenville

RI

02828

Secretary Name

Tracy DiGregorio

Street Address

PO Box 294

City

State

Zip

Greenville

RI

02828

Vice President Name

Enrico DiGregorio

Street Address

PO Box 294

City

State

Zip

Greenville

RI

02828

Treasurer Name

Fernando DiGregorio, Jr.

Street Address

121 Scituate Avenue

City

State

Zip

Johnston

RI

02919

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

Director Name

Enrico DiGregorio

Street Address

PO Box 294

City

State

Zip

Greenville

RI

02828

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

500 COMM 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



\* 8 0 0 3 7 \*

File Date: 12-19-02

20080

Check No.: 2

By: \_\_\_\_\_

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.

Enrico DiGregorio

Signature of Officer

2-11-02

Date

Enrico DiGregorio

Print or Type Name of Officer

President

Title of Officer



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. **80037** 2. Name of Corporation **DiGregorio, Inc.**  
3. Street Address Principal Business Office **PO Box 294** City **Greenville** State **RI** Zip **02828**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island

**General Contractor**

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

President Name **Enrico DiGregorio** Vice President Name **Enrico DiGregorio**  
Street Address **PO Box 294** Street Address **PO Box 294**  
City **Greenville** State **RI** Zip **02828** City **Greenville** State **RI** Zip **02828**  
Secretary Name **Tracy DiGregorio** Treasurer Name **Fernando DiGregorio, Jr.**  
Street Address **PO Box 294** Street Address **121 Scituate Avenue**  
City **Greenville** State **RI** Zip **02828** City **Johnston** State **RI** Zip **02919**

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

Director Name **Enrico DiGregorio** Director Name  
Street Address **PO Box 294** Street Address  
City **Greenville** State **RI** Zip **02828** 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  
**500 SHS COMM 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



\* 8 0 0 3 7 \*

File Date: 2/28

Check No. 16858

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] 2-14-01  
Signature of Officer Date

**Enrico DiGregorio**  
Print or Type Name of Officer

**President**

Title of Officer



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

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 **2000**

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. 2 Name of Corporation

80037

DiGregorio, Inc.

3 Street Address Principal Business Office

47 Cedar Swamp Road

City

Smithfield

State

RI

Zip

02917

4 Business Phone No

5 State of Incorporation

6 SIC Code

0075

RHODE ISLAND

7 Brief Description of the Character of Business Conducted in Rhode Island

General CONTRACTOR

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

President Name

Enrico DiGregorio

Vice President Name

Enrico DiGregorio

Street Address

47 Cedar Swamp Road

Street Address

47 Cedar Swamp Road

City

State

Zip

Smithfield RI 02917

City

State

Zip

Smithfield RI 02917

Secretary Name

Tracy DiGregorio

Treasurer Name

Fernando DiGregorio, Jr.

Street Address

47 Cedar Swamp Road

Street Address

121 Scituate Avenue

City

State

Zip

Smithfield, RI 02917

City

State

Zip

Johnston RI 02919

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

Director Name

Enrico DiGregorio

Director Name

Street Address

47 Cedar swamp Road

Street Address

City

State

Zip

Smithfield RI 02917

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

500 SHS COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

-0-

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



\* 8 0 0 3 7 \*

File Date: 2/9/00

Check No: 13515

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: 1-24-00

Enrico F. DiGregorio

President



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

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 BLACK)

1. Corporate ID No. **80037** 2. Name of Corporation **DiGregorio, Inc.**

3. Street Address Principal Business Office

**47 Cedar Swamp Road**

4. Business Phone No.

5. State of Incorporation  
**RHODE ISLAND**

City

**Smithfield**

State

**RI**

Zip

**02917**

6. SIC Code  
**2212**

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

**Enrico DiGregorio**

Street Address

**47 Cedar Swamp Road**

City **Smithfield** State **RI** Zip **02917**

Vice President Name

**Enrico DiGregorio**

Street Address

**47 Cedar Swamp Road**

City **Smithfield** State **RI** Zip **02917**

Secretary Name

**Tracy DiGregorio**

Street Address

**47 Cedar Swamp Road**

City **Smithfield** State **RI** Zip **02917**

Treasurer Name

**Fernando DiGregorio, Jr.**

Street Address

**121 Scituate Avenue**

City **Johnston** State **RI** Zip **02919**

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

Director Name

**Enrico DiGregorio**

Street Address

**47 Cedar Swamp Rd.**

City **Smithfield** State **RI** Zip **02917**

Director Name

Street Address

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

**500 SHS COMM NO PAR VALUE**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**-0-**

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



\* 8 0 0 3 7 \*

File Date: **FILED**

Check No.: **FEB 24 1999**

By: **CC 10568**

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.

**Enrico DiGregorio** **2-24-99**  
Signature of Officer Date

**ENRICO DIGREGORIO**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



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

James R. Lungevin, 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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

80037

DiGregorio, Inc.

3. Street Address Principal Business Office

47 Cedar Swamp Road

City

Smithfield

State

RI

Zip

02917

4. Business Phone No.

5. State of Incorporation

943-2707

RHODE ISLAND

6. SIC Code

2212

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

Enrico DiGregorio

Vice President Name

Enrico DiGregorio

Street Address

47 Cedar Swamp Road

Street Address

47 Cedar Swamp Road

City

State

Zip

Smithfield

RI

02917

City

State

Zip

Smithfield

RI

02917

Secretary Name

Tracy DiGregorio

Treasurer Name

Fernando DiGregorio, Jr.

Street Address

47 Cedar swamp Rd.

Street Address

121 Scituate Avenue

City

State

Zip

Smithfield

RI

02917

City

State

Zip

Johnston

RI

02919

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

Director Name

Enrico DiGregorio

Director Name

Street Address

47 Cedar Swamp Rd.

Street Address

City

State

Zip

Smithfield

RI

02917

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

500 SHS COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

-0-

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



\* 8 0 0 3 7 \*

File Date: 3/9

Check No.: 7439

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] 5-5-98  
Signature of Officer Date

Enrico DiGregorio  
Print or Type Name of Officer

President  
Title of Officer





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

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



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. 2. Name of Corporation

80037 DiGregorio, Inc.

3. Street Address Principal Business Office

121 Scituate Avenue

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

943-2707

5. State of Incorporation

Rhode Island

6. SIC Code

2212

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

Enrico DiGregorio

Vice President Name

Enrico DiGregorio

Street Address

121 Scituate Avenue

Street Address

121 Scituate Avenue

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

Secretary Name

Tracy DiGregorio

Treasurer Name

Fernando DiGregorio, Jr.

Street Address

121 Scituate Avenue

Street Address

121 Scituate Avenue

City

Johnston,

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

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

Director Name

Enrico DiGregorio

Director Name

Street Address

121 Scituate Avenue

Street Address

City

Johnston

State

RI

Zip

02919

City

State

Zip

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

500

Class/Series

common

Par Value

no par

ISSUED SHARES

Number of Shares

None

Class/Series

Par Value

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 4004

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] 2-24-97  
Signature of Officer Date

Enrico DiGregorio

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION  
ANNUAL REPORT

1996



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

1. CORPORATE ID NO. 80037  
2. NAME OF CORPORATION PINE HILL LANDSCAPING, INC.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 121 Scituate Avenue  
CITY Johnston STATE RI ZIP CODE 02919  
4. BUSINESS PHONE NO. 943-2707  
5. STATE OF INCORPORATION Rhode Island  
6. SIC CODE 2212  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

General Landscaping

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Enrico DiGregorio  
VICE PRESIDENT NAME Enrico DiGregorio  
STREET ADDRESS 121 Scituate Avenue  
STREET ADDRESS 121 Scituate Avenue  
CITY Johnston STATE RI ZIP CODE 02919  
CITY Johnston, STATE RI ZIP CODE 02919  
SECRETARY NAME Tracy DiGregorio  
TREASURER NAME Fernando DiGregorio, Jr.  
STREET ADDRESS 121 Scituate Avenue  
STREET ADDRESS 121 Scituate Avenue  
CITY Johnston, STATE RI ZIP CODE 02919  
CITY Johnston STATE RI ZIP CODE 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Enrico DiGregorio  
DIRECTOR NAME  
STREET ADDRESS 121 Scituate Avenue  
STREET ADDRESS  
CITY Johnston STATE RI ZIP CODE 02919  
CITY  
DIRECTOR NAME  
DIRECTOR NAME  
STREET ADDRESS  
STREET ADDRESS  
CITY  
CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500	common	no par	none		

This report must be SIGNED IN INK by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 7/8/96  
Check No: 164957  
By: CC

Signature of Officer  
Enrico DiGregorio  
Print or Type Name of Officer  
President  
Date 5/31/96  
Title of Officer

For Secretary of State Use Only

State of Rhode Island and Providence Plantations



Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

**ANNUAL REPORT**

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0060037 Annual Report for the year: 1995

Name of Corporation: PINE HILL LANDSCAPING, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

121 Scituate Avenue

Johnston, Rhode Island 02919

Phone: 401 943 2787

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

General Landscaping

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Enrico DiGregorio			
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Enrico DiGregorio	121 Scituate Avenue, Johnston	RI	02919
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Tracy DiGregorio			
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Fernando DiGregorio	121 Scituate Avenue, Johnston	RI	02919

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Enrico DiGregorio	121 Scituate Avenue, Johnston	RI	02919
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
500	Common
without par value	

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
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Date January 11, 1995

By Enrico DiGregorio

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT  
TITLE OF OFFICER SIGNING

Form 3-1-95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JAMES J. LEPORE  
326 SOUTH MAIN STREET  
PROVIDENCE RI 02903

FILED

JAN 19 1995

Jim  
1/10/95