

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

80037	Vo. 2. Name of Corpo DiGregorio,						
	Principal Business Office		City	State	Zip		
PO Box 29	· · · · · ·		Greenville	RI	02828		
d. Business Phon	e No.	5. State of Incorporat	ion		6. SIC Code		
(401)232-	-5550	Rhode Island			į 2212		
7. Brief Descripti Constructi	on of the Churacter of Business Coron.	nducted in Rhode Island	······································	<del> </del>			
8. NAMES AN President Name	ND ADDRESSES OF THE OF	FICERS ("X" BOX FOR	Vice President Name		TTACHMENTS		
Enrico Di	Gregorio		Enrico DiGregor	rio			
Sircei Address			Sireet Address				
PŮ BUX 29	4		. PO Box 294				
City	State	Zip	City	State	Zip		
Greenvill	e RI	02828	Greenville	RI	02828		
ecretary Name			Treasurer Name				
Tracy DiGregorio			Enrico DiGregorio				
Sirect Address			Sireet Address				
PO Box 29	4		, PO Box 294				
City	State	Zip	City	State	Zip		
Greenvill		02828	.Greenville	RI	102828		
Director Name	ND ADDRESSES OF THE DIF	RECTORS ("X" BOX FO	RATTACHMENT)   FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS		
Tracy DiG	regorio		·				
Street Address			Street Address				
Same as a	bove		·				
City	Siate	Zip	•City	State	Zip		
Director Name	: <b></b>	i	Director Name				
Sireci Address			· Street Address				
City	State	Zip	City	State	Z/p		
	AUTHORIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (")	X" BOX FOR ATTACHMEN	٠ <u>٠</u>		
		Par Value	Number of Shares	Class/Series	Par Value		
<b>AUTHORIZED</b>	s Cluss/Series						
AUTHORIZED S Number of Shure			1.00	Carre	' Ni		
AUTHORIZED S Number of Shure	Common	None	500	Common	None		
10. SHARES AUTHORIZED S Number of Share		None	500	Common	None		



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

Enrico DiGregorio
Print or Type Name of Officer

President

Tule of Officer

Form 630 12/01



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
Citive Design Investor 1 March 1 A Filing For \$50.00	

Filing Period: January 1			NI TON THE TE			
FORM MUST BE TYPED IN	BLACK)					
I. Corporate ID No.	2. Name of Corpore	otion				
80037	DiGregorio, II	nc.				
3. Street Address Principal Bus	iness Office		City	State	Zip	
PO BOX 294			GREENVILLE	RI	02828-	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
·	232.5550	RHODE ISLAND			2212	
7. Brief Description of the Cha GENERAL LANDGEAP IN	rocter of Business Cond					
8. NAMES AND ADDRE	SSES OF THE OFF	CERS ("X" BOX FOR ATT	ACHMENT)   FILL IN SPACE Vice President Name	S BEFORE USING AT	TACHMENTS	
Enrico DiGregorio			- Enrico DiGregorio			
Street Address			Street Address			
PO BOX 294			. PO BOX 294			
City	State	Zip	Ciry	State	Zip	
Greenville	RI	02828	Greenville	RI	: 02828	
Secretary Name			Treasurer Name	٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠, ٠	1.6	
Tracy DiGregorio			Fernando DiGregor	i <del>o, Jr.</del> Enr	rico DiGregorio	
Street Address			Street Address	0 0	Box 294	
PO BOX 294			. <del>121 Scituato Aven</del>	P.U.	DOK OTI	
City	State	Zip	: Cily Greenville	State 2	Zip 02828	
Greenville	RI	02828	Jehnston	AF C	02919	
Director Name Enrico DiGregorio			TTACHMENT)   FILL IN SPACE.			
Street Address			. Street Address			
PO BOX 294			·			
City	State	Zip	•City	State	Zip	
Greenville	RI	02828				
Director Name			* Director Name			
Street Address			Sircet Address			
City	State	Zip	:Clīy	State	Zip	
		· ·	•	i	Ì	
10. SHARES AUTHORIS	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES  Number of Singres	Ciass/Series	Par Value	ISSUED SHARES Number of Shares	Class/Scries	Par Value	
isumber of shores	Ciassoseries	7 07 7 07 110	1	<del> </del>	<del>, <u>i</u>, </del>	
500 COMM NO PAR \	/ALUE		500	COMMON	NO PAR	
· · · · · · · · · · · · · · · · · · ·						
This report must be sign	ned in ink by eithe	r the President, Vice Pr	resident, Secretary, Assistar	it Secretary, Treasi	urer, Receiver or Truste	
	•					
8 0 0			Under penalty of perjury this report, including an			

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*80037 [	DBC 01/10/04 01;33:28 PM*
File Date_	2/11/04
Check No.	21234
Bv:	OR
	ETARY OF STATE USE ONLY

4:		
	•	

Enrico DiGregorio
Print or Type Name of Officer

PRESIDENT Title of Officer

Form 630 12/01

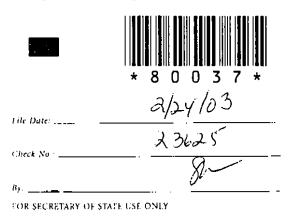


401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March I . Filing Fee: \$50.00

TORM MUST BE TYPED OR PRINT					1
Corporate ID No	2 Name of Corporatio				
80037  Street Address Principal Business	DiGregorio, Ir	IC.	City	State	Zip
PO BOX 29  Business Phone No.		5 State of Incorporation	Greenville	RT	02828 6. SIC Code
, Brief Description of the Character General C		RHODE ISLAND			2212
3. NAMES AND ADDRES  Tresident Name		ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS
Enrico DiGre	gorio		Enrico Dio	Gregorio	
PO Box 294			PO Box 294	ł	
lity	State	Zip	City	State	Zip
Greenville Greenville	RT	02828	Groenville Treasurer Name	RI	02828
Tracy DiGreg	orio		Street Address	Gregorio, Jr.	
O Box 294			121 Scituato	e Avenue	
Dite	State	Zip	City	State	Zip
Groenville  9. NAMES AND ADDRES  Director Name Enrico DiGreg		02828 CTORS ("X" BOX FOR ATTA	Director Name	R.I es before using att.	02919 achments
Street Address			Street Address		
PO Box 294	State	Zıp	City	State	Zip
Greenville Director Name	R.I	02828	Director Name		
Street Address			Street Address		
City	State	Zīp	City	State	Zip
•					
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ( ISSUED SHARES	"X" BOX FOR ATTACHMEN	7')
10. SHARES AUTHORIZE ACTHORIZED SHARES Number of Shares	D (*X* BOX FOR ATTAC	CHMENT) Par Value		"X" BOX FOR ATTACHMEN  Class/Series	T) Par Value

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



Office of the Secretary of State

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

Print or Type Same of Officer President

litle of Officer Farm 630 12/02 و متوجون

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ 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. Zip State 3. Street Address Principal Business Office 02828 PO Box 294 Greenville RI 5. State of Incorporation 4. Business Phone No. RHODE ISLAND 7. Brief Description of the Character of Rusiness Conducted in Rhode Island General Contractor FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Enrico DiGregorio Enrico DiGregorio Street Address Street Address PO Box 294 PO Box 294 Zip State RI 02828 Greenville RI 02828 Greenville Secretary Name Fernando DiGregorio, Jr. Tracy DiGregorio Street Address Street Address PO Box 294 121 Scituate Avenue 210 City State State City 02828 02919 Greenville RI RΤ Johnston FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Enrico DiGregorio Street Address Street Address PO Box 294 ZIP City Zio State Greenville RI 02828 Director Name Director Name Street Address Street Address Zio City ZIP State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (\*X\* HOX FOR ATTACHMENT) SIMILS (TLYSS) AUTHORIZED SHARES Par Value Number of Shares Class/Series Par Value Class/Series Number of Shares **500 COMM NO PAR VALUE** 

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

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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

Enrico DiGregorio

Print or Type Name of Officer

President

Title of Officer

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

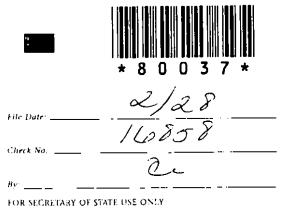
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 80037 DiGregorio, Inc. 3 Street Address Principal Business Office 02828 RI Greenville PO Box 294 5 State of Incurporation 4 Rusiness Phone No. RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island General Contractor FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("x" BOX FOR ATTACHMENT) Vice President Name President Name Enrico DiGregorio Enrico DiGregorio Street Address Street Address PO Box 294 PO Box 294 State Zip City 02828 RI Greenville 02828 RI Greenville Treasurer Name Secretary Name Fernando DiGregorio, Jr. Tracy DiGregorio Street Address 121 Scituate Avenue PO Box 294 Zip State 02919 RI02828 RIJohnston Greenville FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Enrico DiGregorio Street Address Street Address PO Box 294 Zip State City State City 02828 RIGreenville Director Name Director Name Street Address Street Address City State Zip State City 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSURED SHARES AUTHORIZED SHARES Par Value Class/Series Number of Shares Class/Series Number of Shares 500 SHS COMM NO PAR VALUE common no par 100

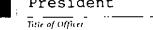
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

Signature of Officer

Date



F. - . 420 - 1310



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

STOP
PULASE READ INSTRUCTIONS

Filing	Period: ,	January .	I – March I	•	Filing	Fee: 350.00	

ĺ	FORM	MUST	ВE	TYPED	IN	BLACKI

1. Corporate ID No.

2 Name of Corporation

80037 3 Street Address Principal Business	DiGregorio Office	, Inc.	Cafr	State	Zip
47 Cedar Swamp	Road	5 State of Incorporati	Smithfield	RI	02917 6 SIC Code
Brief Description of the Characte General CONTRA 8. NAMES AND ADDRES	ACTOR		TACHMENT) FILL IN SPACES	BEFORE USING ATTA	0075 CHMENTS
resident Name Enrico DiGrego Street Address	orio		Vice President Name Enrico DiGrego Street Address		
47 Cedar Swam	o Road		47 Cedar Swam		
Smithfield	State RI	02917	Caty  Smithfield  Trensurer Name	RI	02917
Secretary Name Tracy DiGrego: Street Address			Fernando DiGi Street Address 121 Scituate		
47 Cedar Swam <sub>]</sub>	p Roau State	Zip	City	State	Zip
Smithfield,	RI	029	17 Johnston	RI	02919
9. NAMES AND ADDRE		CTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	FACHMENTS
Street Address	_ ,		Street Address		
47 Cedar swam	p Road State RI	zip 02917	City	State	Zip
Duector Name			Director Name		
Street Address			Street Address		
City	State	Zφ	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHME	NT)
Number of Shares	Class/Scnes	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

-0-

<b>3</b>	
	* 8 0 0 3 7 *
File Date:	2/0/00
Check No	<u> 13515</u>
8v	OF STATE USE ONLY

500 SHS COMM 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.

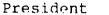
neus Ja January 1-24

Enrico F. DiGregorio
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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

401-222-3040

Filing Period: January 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

1. Corporate ID No. <b>80037</b>	DIGregorio, Inc.				
3. Street Address Principal Business Offi	lice		City	State	Zip
47 Cedar Swamp  4. Business Phone No.	Road	5. State of Incorporation RHODE ISLAND	Smithfield	RI	02917 6. SIC Code <b>2212</b>
7. Brief Description of the Character of	Business Conducted in Rhod	e Island			
General Landsc 8. NAMES AND ADDRESSE: President Name		S ("X" BOX FOR ATTACHM	IENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACHME	ENTS
Enrico DeGrego	rio		Enrico DiGrego: Street Address	rio	
47 Cedar Swamp	Road		47 Cedar Swam	•	
<sup>City</sup> Smithfield	State RI	02917	Smithfield	State RI	<sup>2ip</sup> 02917
Secretary Name Tracy DiGregor	io		Pensulei Name Fernando DiGre	gorio, Jr.	· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address		
47 Cedar Swamp			121 Scituate A	venue	
Smithfield	RI	02917	Johnston	State RI	02919
9. NAMES AND ADDRESSE Director Name Enrico DiGrego	_	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B Director Name	EFORE USING ATTACH	MENTS
Street Address 47 Cedar Swamp	Rd.		Street Address		
City Smithfield	State RI	02917	City	State	Zip
Director Name		•	Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT)	<u>.</u> • •
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS COMM NO PA	AR VALUE		-0-		

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

File Date:	FILED			
Check No.:	FEB 2 4 1999			
	Da 10570			

that all statements contained herein are true and correct.

Title of Officer

FOR SECRETARY OF STATE USE ONLY



(FORM MUST BE TYPED IN BLACK)

James R. Lungevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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

401-277-3040

1. Carporate ID No.	2. Name of Corporat	tion			
80037 3. Street Address Principal Business	DiGregorio	, Inc.	City	State	Zip
47 Cedar Swam	np Road		Smithfield	RI	02917
4. Business Phone No.	•	5. State of Incorporation			6. SIC Code
943-2707 7. Brief Description of the Characte		RHODE ISLAN	ND .		2212
General Lands	<b>-</b> -				
8. NAMES AND ADDRES President Name		CERS ("X" BOX FOR ATTAC	Vice President Name		
Enrico DiGreg	joro		Enrico DiGre	dorro	
Street Address 47 Cedar Swan	mp Road		Street Address 47 Cedar: Swat	np Road	
City	State	Zip	City	State	21p 02917
Smithfield	RI	02917	Smithfield	RI	02317
Secretary Name Tracy DiGrego	orio		Treasurer Name Fernando Dio	Gregorio, Jr.	
Street Address	_		Street Address	_	
47 Cedar swar	mp Rd.		121 Scituate	e Avenue	
City	State	Zip	City	State 55.7	Zip 0.2010
Smithfield	RI	02917	Johnston	RI	02919
9. NAMES AND ADDRES	SSES OF THE DIRI	ECTORS (*X* BOX FOR ATT	FACHMENT) Director Name		
Enrico DiGreg	jorio				
Street Address			Street Address		
47 Cedar Swa	mp Rd.				
City	State	Zip	City	State	Zip
Smithfield	RI	02917			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 SHS COMM NO	PAR VALUE		-0-		

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
File Date:	3 9	that all statements contained herein are true and correct.
Check No.:	7-439	Signature of Officer Di Greatic
By:	OF STATE USE ONLY	Print or Type Same of Officer  Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335

Zip

6 SIC Code

2212

## PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

Preodent Name

Street Address

Street Address

Street Address

City

City

City

2. Name of Corporation 1. Corporate ID No. 80037 DiGregorio, Inc. City State 3 Street Address Principal Business Office RIJohnston 121 Scituate Avenue 5. State of Incorporation 4. Rusiness Phone No. 943-2707 Rhode Island

02919

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

Enrico DiGregorio Street Address 121 Scituate Avenue

> RI Johnston

02919

Enrico DiGregorio Street Address 121 Scituate Avenue

Johnston

02919 RI

Treasurer Nome Secretary Name DiGregorio, Jr. Fernando Tracy DiGregorio

Street Address 121 Scituate Avenue

121 Scituate Avenue

State Zip State 02919 02919 Johnston RI Johnston, RI

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

Director Name Enrico DiGregorio

121 Scituate Avenue

City

State

Johnston RIDirector Name

02919

Director Name

City

City

Street Address

State

State

 $Z_{1p}$ 

Street Address

Zip

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

AUTHORIZED SHARES Class/Series Number of Shares

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

common

nio par

Par Value

None

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

	2/2/9/1
File Date	3/3/11
Check No	4009
8y:	_ W
FOR SECRETAS	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 berein are true and correct

Enrico DiGregorio Print or Type Name of Officer

President

Title of Officer

### **PROFIT CORPORATON** 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.

NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SER ES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
		SHARES AUTH	ORIZED AND IS	S U E D	
CIY	STATE	ZIP CODE	с:тү	STATE	712 CODE
STREET ADDRESS			STREET ADDRESS		
Johnston DIRECTOR NAME	RT	02919	D-RECTUR NAME		
121 Scituate	STATE	ZIP COOE	CITY	STATE	ZIP CODE
Enrico DiGree	gorio		STREET ACCRESS		
DIRECTOR NAME	9. NAMES	AND ADDRE	S S E S O F T H E D CIRECTOR NAME	IRECTORS	
Johnston,	RI	02919	Johnston	RI	02919
street Address 1 121 Scituate CTY		ZIP CODE	STREET ACCRESS  121 Scitua CITY	ate Avenue	ZIP CCDE
Tracy DiGrego	orio		Fernando D	DiGregorio,	Jr.
Johnston SECRETARY NAME	RI	02919	TREASURER NAME	1.1	025.5
C TY	STATE	zi= coof 0 2 9 1 9	Johnston,	STATE RI	71° CODE 0 2 9 1 9
Enrico DiGreo street accress 121 Scituate			STREET ADDRESS 121 Scituat	-	
General Lands PRESIDENT NAME  PRESIDENT NAME	B. NAMES	AND ADDRE	SSES OF THE OF VICE PRESIDENT NAME Enrico DiGr	egorio	
7. BRIEF DESCRIPTION OF THE CHARACTER	OF BUSINESS CONDUCTED IN R	CNAJ2: 3DC:			
4 BUSINESS PHONE NO. 943-2707		Rhode Is	land		2212
121 Scituate	Avenue	5 STATE OF INCORPORATION	Johnston	RI	02919 6.8°C CODE
8 0 0 3 7 3 STREET ACDRESS PRINCIPAL BUSINESS:		I. LANDSCAPIN	CITY	STATE	7IP CODE
* CORPORATE ID NO	2 NAME OF CORPORATION	r rannoccantino	C INC		

This report must be SIGNED IN INK by either the

no par

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Check No:

500

By:

For Secretary of State Use Only

common

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

none

Enrico DiGregorio

Print or Type Name of Officer President

5/31/96

Title of Officer

Date

State of Rhode Island and Providence Plantations
Office of The Secretary!
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

 $\in$ 

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.

0060037 Corporate ID:	Annual Report for the year:			
PINE HILL LAN	DSCAPING	, INC.		
Name of Corporation:Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal offi	Business Entity is (check one):  [XX] Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Phone: () Address and telephone of the principal office of business entity in Island (Provide street address - Not P.O. Box):		General_La	he character of business conducted in Rho	
121 Scituate Avenue Johnston, Rhode Island 0291 Phone: 401 943_2787	9	·· <del></del>		
THE	NAMES OF T	THE OFFICERS ARE	·	
PRESIDENT	стопит д		CITY/S' TE	Z:P CODE
Enrico DiGregorio VICE PRESIDENT	sireera		Johnston RI 02919	ZiP CODE
Enrico DiGregorio	TZI SCI	tuate Avenue,	Cityis*: ***	ZIP CODE
Tracy DiGregorio				
TREASURER	STREET A		CHY/STATE	XIP CODE
Fernando DiGregorio	121 Sci	tuate Avenue,	Johnston, RI 02919	
	AMES OF TI	HE DIRECTORS AR	E: CITY/STATE	ZIP CODE.
Enrico DiGregorio		tuate Avenue,		ZIP CODE
NAME:	STREET A	DORESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES	ISSUED AND OUTSTANDING (Rider may	be attached)
Number of Shares Class / Series 500 Common without par value		Number of Shares	Class / Series	<del></del>
Date <u>January 11, 1995</u> , 19	By <i>(</i> , Enri	maci Signatura	<u></u>	
Form 31 1/95	Pres	TYPE NAME OF OFFICER SIGNING OFFICER SIGNING	G	
		JENT FOR SERVICE	OF PROCESS:	
DESIGNATED REG	TO LESKIND AC	SERVE EXPERIENCE	VI I INVOLUM	<del></del>

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

JAMES J. LEPORE 226 SOUTH MAIN STREET PROVIDENCE RI 02903

10: 10: 19:5 MAY ---