

## 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

Matthew A. Brown, Secretary of State

FORM MUST BE TYPED OR PRINT		iling Fec: \$50.00			-
. Curporate ID No.	2. Name of Corpor	allon	<del></del>		, ; ; , , , ,
45927  Street Address Principal Business O		WN CARE SERVICE, INC.	Con	State	Zip
2800 Warwick Ave			Warwick	RI	02889
1. Business Phone No. (401) 258-0263		5. State of Incorporation			6. SIC Code
Brief Description of the Character of	f Business Conducted	RHODE ISLAND. d in Rhode Island	<del></del>	<u> </u>	2212
LANDSCAPE GARDENIN	_				,
3. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			ACHMENT)     FILL IN S : Vice President Name	SPACES BEFORE USING	ATTACHMENTS
David Walsalois			Roberta A.1Sal	ois	
inco Address 2800 Warwick Ave	nue		Sincer Address 2800 Warwick A	zenue	
ity	State	Ζφ 20000	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
David W. Salois	•		Roberta A4 Sálo	nis	
inet Address	<del></del> -	· · · · · - · · · · · · · · · · · · · ·	Street Address	<u></u>	1 1.
2800 Warwick Ave	กนอ		2800 Warwick A		
Warwick	State RI	<sup>Zip</sup> 02889	c <sub>iy</sub> Warwick	State RI	02889
. NAMES AND ADDRESSES	1		;	N SPACES BEFORE USI	
Director Name David W. Salois		•	Director Name		
Street Address			Street Address		
2800 Warwick Ave				T co-s	1 1
Warwick	State RI	20i 02889	City'	State	Zip :
Director Name	J	)	Director Name		······
					<del></del>
Street Address			Street Address		1. 11
Sity	State	Zip	City	State	Zip
IO CHARGO HIMITORIAN	CENT BOY FOR	ATTACHMENT !	11. SHARES ISSUED (	YY' BOY EOD ATTACE	IMENT)
10. SHARES AUTHORIZED ( AUTHORIZED SHARES	["X" BOX FOR .	ATTACHMENT) [	ISSUED SHARES	A BUA FUK ALIAGE	ment)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 COMM NO PAR VALUE	Common	No Por Value	400	Common	No PortVol-
	Common	No Par Value	400	Common	No Par Valu
				1	I ( )
	igned in ink by	either the President, Vice	President, Secretary, Assista	int Secretary, Treasurer,	Receiver or Trustee
	igned in Ink by	cither the President, Vice	President, Secretary, Assista	int Secretary, Treasurer,	Receiver or Truste
	igned in Ink by	either the President, Vice	President, Secretary, Assista	nt Secretary, Treasurer,	Receiver or Truste
	igned in Ink by	either the President, Vice			
	igned in Ink by	cither the President, Vice	Under penalty of per including any accom	rjury, I declare and affirm t panying schedule#jand sta	hat I have examined this rep
	igned in Ink by	either the President, Vice	Under penalty of pe	rjury, I declare and affirm t panying schedule#jand sta	hat I have examined this rep
This report must be s			Under penalty of period including any accomposition are contained herein are	rjury, I declare and affirm t panying schedule#jand sta	hat I have examined this reptements, and that all statements
This report must be s	igned in Ink by		Under penalty of perincluding any accommodate of the contained therein are signature of Officer	rjury, I declare and affirm the panying schedule and state true and correct	hat I have examined this rep
			Under penalty of perincluding any accommodulation are contained therein are Signature of Officer  David Wal Sa	rjury, I declare and affirm to npanying schedules and state true and correct Malous alois	hat I have examined this reptements, and that all statements
This report must be s			Under penalty of perincluding any accommodate of the contained therein are signature of Officer	rjury, I declare and affirm to npanying schedules and state true and correct Malous alois	hat I have examined this reptements, and that all statements



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

			_			
Corporate ID No.	2. Name of Corporat	lon				
45927		N CARE SERVICE, INC.	Cin	State	7.lp	
Street Address Principal Busi 2800 Warwick			Warwick	RI	02889	
Business Phone No		5. State of Incorporation	1	<u> </u>	6. SIC Code	
	3 • 358 · 0263		<u> </u>		2212	
Brief Description of the Chart LANDSCAPE GARI	ncter of Business Conducted	n Rhode Island				
		RS: ("X" BOX FOR AT	TACHMENT)     FILL II	N SPACES BEFORE USING	ATTACHMENTS	
sident Name		·	Vice President Name			
David Salois			Roberta Saloi	S 	<u> </u>	
er Address -44 Peabody Dr	ive 2800 WA	ewick AUE.	Street Address 44 Peabody Dr			
y .	State RI	7.tp 02889	Cin Warwick	State RI	<sup>2(p</sup> 02889	
Warwick			Treasurer Name		1	
retary Name David Salois			Roberta Saloi	S		
ect Address			Sireei Address			
44 Peabody Dr	<del>ive</del>		44 Peabody Dr	· · · · · · · · · · · · · · · · ·	T	
	State RI	02889	ciry Warwick	State RI	02889	
Warwick		ORS: ("X" BOX FOR A	•	IN SPACES BEFORE USIN	l l	
ector Name	SES OF THE DIRECT	0110. ( 72 20 72 011 1	Director Name			
David Salois		<u> </u>		. <u></u>		
cet Address			Sirvet Address			
44 Peabody Dr				State	Zip	
v Warwick	State RI	<i>z</i> φ 02889	City	Jime	10.40	
rector Name	J	J	Director Name			
		<u></u>				
reci Address		<del></del>	Street Address			
	State	Zip	City	State	Zip	
)·	V					
. SHARES AUTHORIZ	ED ("X" BOX FOR A	TTACHMENT) 📋	11. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
THORIZED SHARES			ISSUED SHARES	<del></del>	10.00	
imbor of Shares	Class/Senes	Par Value	Number of Shares	Class/Series	Par Value	
400 COMM NO PAR V	ALUE		400	Common	No Par	
	· · · · · · · · · · · · · · · · · · ·		-			
This report mus	t be signed in ink by e	ither the President, Vic	e President, Secretary, Assi	stant Secretary, Treasurer.	Receiver or Trustee	
1	FROST BIDDI OTHO JOHO HORK IN	1 [[1]				
			Under penalty of	perjury, I declare and affirmal companying schedules and state	hat I have examined the tements, and that all s	
	<del>* 4 5 9 2 7</del>	<del>*-</del> 1		ary true and correct		
ile Date <u> </u>	04			111/2 Xalub	8/101	
20 Date	3019	-	Signature of Office	<u> </u>	Dute	
Check No. 3347		David Sa	_			
.neck IVO	7		TXCIAICI DE	TOTO		

President



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

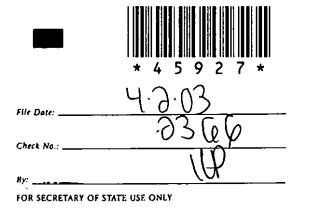
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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



(FORM MUST BE TYPED OR PR	INTED IN BLACK)				
1. Carparate ID No.	2. Name of Corporat				
45927		VN CARE SERVICE, INC		<b>.</b>	<b></b>
3. Street Address Principal Busin			City	State	ZIp
2800 Warwick	Avenue		Warwick	RI	02889
4. Business Phone No.		S. State of Incorporation	on		6. SIC Code
7. Brief Description of the Chara	cter of Business Conducted i	RHODE ISLA n Rhode Island	ND		2212
Landscape; ga 8. NAMES AND ADDR President Name David Salois		ny other lawful CERS (*X* BOX FOR ATT		S BEFORE USING ATTAC	CHMENTS
Street Address 44 Peabody Dr	ive		street Address 44 Peabody I	)rive	
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
Secretary Name David Salois	•		Treasurer Name  Roberta Salo	ois	.,
Street Address 44 Peabody Dr	ive		Street Address 44 Peabody I	)rive	
City	State	Zip	Clty	State	Zip
Warwick	RI	02889	Warwick	RI	02889
9. NAMES AND ADDR Director Name David Salois Street Address 44 Peabody Dr		ECTORS (*x* box for A	ATTACHMENT) FILL IN SPAC Director Name None Street Address	CES BEFORE USING ATT	ACHMENTS
City	State	Zip	City	State	Zip
Warwick	RI	02889	,		
Director Name None		, 02007	Director Name None	• • • • • • • • • • • • • • • • • • • •	• • • •
Street Address			Street Address		
City	State	Zip	City	State !	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 COMM NO PAR V	ALUE		400	Common	No Par Value

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 David Salois

Print or Type Name of Officer

President



Form 630 12/02

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

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(FORM MUST BE TYPED IN BI	LACK)				
I. Corporate ID No.	2. Name of Corpora	ation -	•		_
45927	DAVE'S LA	WN CARE SERVICE, IN	C.		
3. Street Address Principal Busine	ss Office		City	State	Zip
2800 Warwick 4. Business Phone No.	Avenue	5. State of Incorporat RHODE ISLA		RI	6. s10 2.889 2212
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island			
Lands	cape garden	ing and anv	other lawful bus	siness	
8. NAMES AND ADDRE President Name				S BEFORE USING ATTAC	HMENTS
David Saloi Street Address	5		Roberta Sal	lois	
44 Peabody	Drive		44 Peabody	Drive	
Sity	State	Zip	City	State	Zip
Warwick Secretary Name	•	RI 028	89 Warwick Treasurer Name	RI	02889
David Saloi	s		Roberta Sal	lois	
tireet Address 44 Peabody	Drive		Street Address 44 Peabody	Drive	
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT) FILL IN SPAC Director Name	CES BEFORE USING ATTA	CHMENTS
David Saloi:	s		No	ne	
itreet Address	_		Street Address		
44 Peabody I	· -				
Warwick '	RI .	0288	City 9	State	Zip
Director Name	None		Director Name		
•	None			lone	
treet Address			Street Address		
City	State	Zip	Clly	State	Zip
O. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT.	)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 COMM NO PAR VA	LUE		400	Common	No Par
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 4 5 9 2 7 *
File Date:	3-4-02
Check No.:	1453
Ву:	2
FOR SECRETARY O	F STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have	e examined
this report, including any accompanying schedules and s	statements, and
that all statements contained herein are frue and correct	. , ,
I Janual W. Nalpo 37	137/02
Signature of Officer Pale	
DAVID. U. SALOI	-2
Print or Type Name of Officer	•
FRESIDENTS	
Title of Officer	Cares 620 12/01

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

401-222-3040

	* 4 5 9 2 7 *
File Date:	2/22
•	2726
Check No.:	Zu
FOR SECRETARY O	F STATE USE ONLY

Class/Series

AUTHORIZED SHARES

400 SHS NO PAR COM

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined	i
this report, including any accompanying schedules and statements.	and
that all statements contained hereign are true and correct.	
La 8/11. Selais 2/9/0,	/
Signature of Officer , Date	
DAVID W. SAlois	
Print or Typg Name of Officer	
PRESIDENT	
Title of Officer	

Filing Period: January		<b>9 1 1</b>			INSTRUCT
FORM MUST BE TYPED IN BL/ . Corporate ID No. <b>45927</b>	2. Name of Corporation	 IN CARE SERVICE	i, inc.		
. Street Address Princinal Rusiness	s Office		City	State	Zip
2800 Warwick A	Avenue		Warwick,	RI	. 02889
. Business Phone No.		5. State of Incorporation RHODE ISLA			e. 212-2648
732-2353 Brief Description of the Characte	er of Business Conducted in				
Landscape gar B. NAMES AND ADDRES Tresident Name David Salois Treet Address				S BEFORE USING ATTA	CHMENTS
2800 Warwick	Avenue		2800 Warw:	ick Avenue	
Warwick	State RI	<sup>zıp</sup> 02889	<sub>City</sub> Warwick	State RI	<sup>2ip</sup> 02889
ecretary Name David Salois		·	Treasurer Name Roberta Sa	lois	·
treet Address -2800 Warwick	Avenue	,	Street Address 2800 Warwi	ick Avenue	
Warwick	State RI	<sup>Zip</sup> 02889	City Warwick	State	<sup>Zip</sup> 02889
D. NAMES AND ADDRES Director Name David Salois Street Address		CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACE Director Name NODE Street Address	CES BEFORE USING ATT	TACHMENTS
2800 Warwick  Marwick	State RI	zip 02889	City	State	Zip
Director Name			Director Name	•	•
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

Common

No Par

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

1. Corporate ID No.

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

2. Name of Corporation

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



45927	DAVE'S LA	WN CARE SERVICE	, INC.		
3. Street Address Principal Business	Office		City	State	Zip
44 Peabody Driv	ve		·Warwick	RI	02889
4. Business Phone No.		5. State of Incorporation	on		6. SIC Code
732-2353		RHODE ISLA	ND		2212
7. Brief Description of the Character	of Business Conducted i	n Rhode Island			
Landscape gard	ening and	any other law	wful business		
8. NAMES AND ADDRESS	SES OF THE OFF	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	THMENTS
President Name			Vice President Name		
David Salois			Roberta Sal	01\$	
Street Address	***		Street Address	Drivo	
44 Peabody Dri		710	44 Peabody 1	State State	210
Warwick	State RI	zıp 02889	City Warwick,	RI	zip 02889
Secretary Name	KI	. 02003	Treasurer Name		02003
David Salois Street Address			Roberta Sal	ois	
44 Peabody Dri	Ve State	Zip	44 Peabody	Drive State	Zip
Warwick 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIR	02889 ECTORS (*x* BOX FOR A	Warwick ATTACHMENT) FILL IN SPA Director Name	RI CES BEFORE USING ATTA	02889 ACHMENTS
David Salois			None		
Street Address			Street Address		:
44 Peabody Bri	ve		•		
City	State	Zip	Clty	State	Zip
Warwick	. RI	02889	Director Name		•
NONE Street Address			None Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	r)
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares					

	* 4 5 9 2 7 *
File Date:	2/18/00
Check No.: _	1457
Ву:	2.
	ARY 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. Date 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

2. Name of Corpora	tion was an are the first	The second of the second second second		
	WN CARE SERVIC	E, INC.		
s Office	· · · · · · · · · · · · · · · · · · ·	City	State	02889
ve		1	RI 	02889
4. Rusiness Phone No.  5. State of incorporation				6. SIC Code
752 2555				2212
		5 11 1		
ening and a	any other law	full business		
SSES OF THE OFF	CERS ("X" BOX FOR ATT	ACHMENT) _ FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS C
		Vice President Name	oic	
		RODELLA Sal		
		Street Address	Drivo	
<del></del>		<u>i</u>	<del></del>	<del></del> -
State	Zip   02889	: Clly Warwick	State RT	<sup>Zip</sup> 02889
K1	02003	•	1	
		Treasurer Name	-:-	
		<del></del>	01S	_!
		Street Address		
<u>ve</u>	<del></del>	<del> </del>		
State	Zip		State	02889
		<u>·</u>		
sses of the diri	ECTORS ("X" BOX FOR A	<del></del>	CES BEFORE USING ATT	ACHMENTS
		•		
<del></del>			<del></del>	<del> </del>
•••		Street Address		
	· <del></del> · <del></del>		<del></del>	· · · · · · · · · · · · · · · · · · ·
1		City	State	Zip
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	•	Street Address		
State	Zip	City	State	Zip
D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	p)
		ISSUED SHARES	<u> </u>	<u> </u>
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
·ON		· · · ·   · · · · · · · · · · · · ·	common	no par
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	ve er of Business Conducted in ening and a sering and a sering and a sering are sering as a sering are sering are sering as a sering are sering are sering are sering as a sering are sering are sering are sering as a sering are sering a	S. State of incorporation RHODE ISLA et of Business Conducted in Rhode Island ening and any other law SSES OF THE OFFICERS (*X* BOX FOR ATT.  Ve  State RI  O2889  SSES OF THE DIRECTORS (*X* BOX FOR ATT.  Ve  State RI  O2889  SSES OF THE DIRECTORS (*X* BOX FOR ATT.  O2889  SSES OF THE DIRECTORS (*X* BOX FOR ATT.  O2889  STATE  State Zip O2889  State Zip O2889	Ve   State   S	Ve   State of Incorporation   HHODE ISLAND    er of Business Conducted in Rhode Island   ening and any other lawfull business   SSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENT    Ve   44 Peabody Drive

	. B.:
* 4 5 9 2 7 *	Under penalty of perjury, I declare and affirm that I have examined
11/02/3,00	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date:	/ 1/1/ Sclar 3/35/99
Check No.:	Signature of Officer Date
alth	Print of type Name of Officer
Ву:	
FOR SECRETARY OF STATE USE ONLY	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 FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corpora	tion		· <del>- · · · · · · · · · · · · · · · · · ·</del>	
45927	DAVE'S LA	WN CARE SERVICE, II	IC.		
3. Street Address Principal Busines	s Office		City	State	Zip
44 Peabody Dri	.ve		Warwick	RI	02889
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 732-2353		RHODE ISLAND	•		2212
7. Brief Description of the Charact	er of Business Conducted	in Rhode Island			
Landscape gard	lening and a	any other lawfu	ll business		
8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	IMENT) Vice President Name		
David Salois			Roberta Sal	ois	
Street Address			Street Address		
44 Peabody Dri	.ve		44 Peabody	Drive	
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
Secretary Name	-•	•	Treasurer Name	** * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •
David Salois			Roberta Sal	ois	
Street Address			Street Address	•	•
44 Peabody Dri	.ve		44 Peabody	Drive	
City	State	Zip	City	State	Żip .
Warwick	RI	02889	Warwick	RI	02889
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) Director Name		•
David Salois Street Address			None Street Address		
44 Peabody Dri	ve				
City	State	Zip	City	State	Zip
Warwick	RI	02889			
Director Name	•	• • •	Director Name	• 💉	•••
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*x* box for att	(ACHMENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO PAR C	OM		4000	common	no par

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 Signature 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

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

(FORM MUST BE TYPED IN BLACK)

1. Carporate ID No.

2. Name of Corporation

45927

DAVE'S LAWN CARE SERVICE, INC.

3. Street Address Principal Business Office State Zip 44 Peabody Drive Warwick RI 02889 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 2212 732-2353

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

Landscape gardening and any other lawfull business

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Vice President Name

David Salois Roberta Salois

Street Address Street Address

44 Peabody Drive 44 Peabody Drive City

Zip City State Zip Warwick RI 02889 Warwick RI 02889

Secretary Name Treasurer Name

David Salois Roberta Salois

Street Address Street Address

44 Peabody Drive 44 Peabody Drive

City Zip City State Zip Warwick 02889 RI RI 02889

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

Director Name Director Name

David Salois None

Street Address Street Address

44 Peabody Drive

State

Zip Warwick RI 02889

Director Name Director Name None None

Street Address Street Address

City State Zip City State 210

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

AUTHORIZED SHARES ESSURED SHARKS

Number of Shares Class/Series Par Value

Number of Shares Class/Series Par Value

**400 SHS NO PAR COM** 400 Common no par value

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

### 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

1. CORPORATE IO NO. 2.	NAME OF CORPORATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FRINT IN BLACK INK.		<del></del>		
45927	חמעביי	S LAWN CARE SER	VICE INC				
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	DAVE	CARE SER	(any		ZP CODE		
44 Peabody Drive			Warwick,	RI	02889		
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC CODE		
(401) 732-2353		RHODE IS	SLAND		2212		
Tandscape gard		any other lawfu	l business.		<u> </u>		
PRESIDENT NAME David Salois	8. HA	MES AND ADDR	ESSES OF THE OF YOS PRESIDENT HAME	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS			Roberta Salois	5	<del> </del>		
44 Peabody Drive			44 Peabody D				
Warwick,	TATE DT	7P COOF	Warwick,	STATE RI	<sup>29 ασε</sup> 02889		
SECRETARY NAME	RI	02889	TREASURER HAVE		02009		
David Salois			i				
STREET ADDRESS			STREET ADDRESS	Roberta Salois			
44 Peabody Drive			44 Peabody D	44 Peabody Drive			
Warwick,	TATE	2P CODE 02889	Warwick,	STATE	700 C 02889		
David Salois	9. N.A.	MES AND ADDR	ESSES OF THE DI ORECTOR HAME DODE	RECTORS	· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS 44 Peabody Drive			STREET ADDRESS				
	TATE	ZP 000£	CTTY CTTY	STATE	ZIP COOE		
Warwick,	RI	02889	•				
DOUG NOTE			ORECTOR HAME				
STREET ADDRESS			none	<del></del>	<del></del>		
SIREE I AUGUESS			STREET ADDRESS				
STY ST	TATE	ZP C00€	αιν	STATE	ZP CODE		
ب <del>رلپ میبینیدی دید د</del> س		HARES AUTHOR	IZED AND ISSUED				
NUMBER OF SHARES	THORIZED SHARES CLASS / SERIES	PAR VALUE	HUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PARVALUE		
			1				
400 SHS NO PAR COM		400	common	non par			
w=		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	Thi	ropert must be SIG	NED IN INK by either the		<del></del>		

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:

| G G G | Signature of Officer | Signature | Sign

David Salois

Print or Type Name of Officer President

\_\_\_\_\_

For Secretary of State Use Or

Check No:

By:

-----

12/30/95

# 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:		Δnnıı	al Danam far it	1995	
D00515 ( )()	N CARE SE	EVICE	T MIP	e year:	
Name of Corporation:			TMO.		_
For foreign entity, address and telephone number of princip	NI CC	_ В	usiness Entity is	(check one):	
n/a	ai office:	(	Business Cor	poration (See RIGL Chapter 7-1.1)	
		- [	] Professional :	Service Corporation (See RIGI. Chapte	er 7-5.1)
Phone: ( )		- B.	rief statement of	the character of business conducted in	DI 1 ( ) .
			_Landscape	-gardening_and_any_othe	Knode Island:
Address and telephone of the principal office of business en Island (Provide street address - Not P.O. Box):  44 Peabody Drive	tity in Rhode	-	business.		
Warwick, RI		· <u>-</u>			
Phone: ( 401 ) 732–2353		·			
т)	HE NAMES O	F THE OF	FICERS ARE	<del></del> .	
RESIDENT		T ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY/STATE	ZIP CODE
David Salois	44 Peabody	Drive		Warwick, RI	
VICE PRESIDENT		ET ADDRESS		CITY/STATE	ZIP CODE
	44 Peabody			Warwick, RI	
SECRETARY		ET ADDRESS		CITY/STATE	ZIP CODE
	44 Peabody	Drive ET ADDRESS	<del></del> -	Warwick, RI	ZIP CODE
Roberta Salois	44 Peabody			Warwick, RI	ZIF CODE
	IE NAMES OF		ECTOPS ADI		
NAME:	STREE	ET ADDRESS	ECTORSAKI	CITY/STATE	ZIP CODE
	44 Peabody	Drive		Warwick, RI	
NAME	STREE	ET ADDRESS		CITY/STATE	7JP CODE
NAME	STREE	ET ADDRESS		CITY/STATE	ZJP CODE
	<u> </u>				
NUMBER OF SHARES AUTHORIZED (Rider may be attache	ed)	NUM	BER OF SHARES	ISSUED AND OUTSTANDING (Rider m	nay be attached)
Number of Shares Class / Series		Num	ber of Shares .	Class / Series	
400 common/non par			400	common/non par	
Date	B	Dar	nd fo	elaio 1/14/95	
	párs.	T OR TYPE NAM	David Sal FOF OFFICER SIGNISM President	<u> </u>	
Form 31 1/95	TITU	E OF OFFICER SE	<u>President</u> GNING		
DESIGNATED I	REGISTERED	AGENT F	OR SERVICE	OF PROCESS:	
PLEASE NOTE: If the registered office and/or registered					
T DECISION AND LETTER OF THE PROPERTY OF THE BEST OF THE PROPERTY OF THE PROPE					

STEVEN J. FERDINANDI, ESQ 1441 PARK AVENUE CRANSTON RI 02920 FILED

JAN 2 5 1995

By 2) ( \$ 3911

Filing Fee \$50.00 Payable to Secretary of State

State of Rhode Island and Providence Plantations
Office of The Secretary of State

PLEASE TYPE or PRINT

Office Annually

LLC Sept. 1 - Nov. 1

CORP. Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	Annual Report for the year:
Name of Business Entity:	DAVE'S LAWN CARE SERVICE, INC.
Business entity organized under the laws of the State of R1  Federal Taxpayer Identification Numbern/a  For foreign entity, address and telephone number of principal office:	Business Entity is (check one):  [X] Business Corporation (See RIGL Chapter 7-1 1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.)  [ ] Emitted Liability Company (See RIGL 7-16)  Name, title and mailing address of contact person to whom communications may be directed.
Phone: ( )	McDONALD, FERDINANDI & MASTRATI  1441 Park Avenue
Address and telephone of the principal office of business entity in R Island (Provide street address - Not P.O. Box):  44 Peabody Drive  Warwick, RI	Brief statement of the character of business conducted in Rhode Island  landscape gardening and any other lawful business.
Phone: (401 ) 732-2353	Date of Organization: February 11, 1988  Date of Qualification to do business in Rhode Island (if foreign entity)  n/a
David Salois, 44 Peabody Drive, Wat ☐ CHIEF OPERATING OF THEFF OR (A) VICE PRESIDENTIONS OF A Roberta Salois , same as above ☐ CUSTOMAN OF RECORDS OR (\$\subseteq \text{SECRETARY (ONC) ONC)}} David Salois, same as above	STREET ADDRESS CITY/STATE Z/P
Roberta Salois, same as above  THE NAME  David Salois, 44 Peabody Drive, Wat	
NAME	STREET ADDRESS CHYSTATE 716 STREET ADDRESS CHYSTATE Z.P
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable
NUMBER 400 CLASS common SERIES PAR VALUE OR non par WITHOUT PAR	NUMBER 400  CLASS common  SERIES  PAR VALUE OR non par  WITHOUT PAR
Date March 1, 94	David Salois PRINTER TYPE NAME OF OPERSYR SENING President

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

STEVEN J. FERDINANDI, ESQ. 1441 PARK AVENUE CRANSTON RI 02920

FILED

APR 1 1 1994

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	1045227	Annual Report for the year	r1993
First: The name	of the corporation is	DAVE'S LAWN CARE SER	
SECOND: It is income	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	The business of lanscap	e, gardening
and any oth	erlawfulbusiness		
FOURTH: If foreig	n corporation, address of its pr	incipal office	
FIFTH: Business a	ddress in Rhode Island144	1 Park Avenue, Cranstor	n. RI 02920
SIXTH: Names an	d addresses of its directors and	officers: Address (including number,	(Attach rider if necessary)
••••••	Director		·······
•····	Director		······
	Director		·••••
David Salois	s President	44PeabodyDr.i.ve,War	wick, RI
Roberta Salo	vice Preside	nt 44 Peabody Drive, War	wick. RI
David Salois	s Secretary	.44 Peabody Drive, War	wick, RI
Roberta Salo	oisTreasurer	.44 Peabody Drive, War	tweik, RI
SEVENTH: Numbe	r of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
400	common	PAID	non par
Еіднтн: Number	of Shares issued:	FFR 2 6 1993	Par Value
No. of Shares	Class	SECY OF STATE	or statement that shares are without par value
400	common		non par
DatedFebruary1	B	DAVE'S LAWN CARE SERV	s (Beadut)
(Report must be	signed by an officer) T	<sub>itle</sub> President	

## State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0048927	Annual Report for the year 1992
FIRST: The name of the corporation is	DAVE'S LAWN CARE SERVICE: INC
	aws of Rhode Island
	s of its principal office
FIFTH: Business address in Rhode Islan	d 1441 Park Avenue, Cranston, RI 02920
SIXTH: Names and addresses of its dire	Office Address (including number, street, zip code)
	ector
David Calain	sident 44 Peabody Drive, Warwick, RI
Roberta Salois Vic	e President " "
Devid Calais	retary
Dohoute Coloie	asurer
SEVENTH: Number of Shares authorized	Par Value or statement that shares are without
No. of Shares Class 400 common	PAID par value non par
	MAR 0 2 1992
EIGHTH: Number of Shares issued:	MAR 0 2 1992  SECY OF STATE  Par Value or statement that shares are without
No. of Shares Class 400 common	Scries par value non par
Dated February 20, 19 92  (Report must be signed by an officer)	DAVE'S LAWN CARE SERVICE, INC.  (Name of Composition)  By David Salois  TitlePresident

To be filed annually between January 1st and March 1st

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0045927		Annual Report for	the year1331
First:	The name of the corpor	ration is	DAVE'S LAWN CA	ARE SERVICE, INC.
Second		der the laws of	Rhode Island	
	Character of business, and any other lawfu		The business of land	dscape, gardening
Fourth	: If foreign corporation	n, address of its p	orincipal office	
<b>Г</b> іғтн:	Business address in Rh	ode Island	1441 Park Avenue, Cran	ston, RI 02920
SIXTH:	Names and addresses o	of its directors and	d officers: Address (includ	(Attach rider if necessary)
		Director	••••••	
***************************************		Director		
		Director	•	
	alois		44 Peabody Drive,	Warwick, RI
	Salois		lent	
	alois	_	11 11	
•	Salois	Treasurer	11 11	
			••••	Par Value
Sevent			Sarias	or statement that shares are without par value
No. of S		Class	PAITO	non par
400	•	common	FEB 1.9 1001	p.==
Еіснті	H: Number of Shares is	sued:	CEC'Y OF !	Par Value or statement that shares are without
No. of	Shares	Class	Series	par value
400		common		non par
DatedF	ebruary 4,	19 91 .	Dave's Lawn Care S	ervice, Inc. (Pnes )3/1/91

## State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE. RHODE ISLAND 02903

Corporate ID 004591	27	Annual Report for the	he year 1	550 491
FIRST: The name of	the corporation is	DAVE'S LAWN CARE SE	ERWICE	. INC
Second: It is incorp	orated under the laws of	Rhode Island	•••••	
THIRD: Character of and any other	business, briefly stated, is	The business of land	scape,	gardening
FOURTH: If foreign c	orporation, address of its pri	ncipal office	••••••	
Fігтн: Business addr	ess in Rhode Island 1441	Park Avenue, Cranston,	RI O	2920
Sixth: Names and a	ddresses of its directors and	Officers: Address (including	number, stre	(Attach rider if necessary,
	Director		· · · · · · · · · · · · · · · · · · ·	
••••••	Director		••••••	
	Director		•••••	
David Salois	President	44 Pēabody Drive.	Warwic	k. RI
Roberta Salois	Vice Presider	nt 44 Peabody Drive,	. Warwi	ck, RI
David Salois	Secretary	11 19	•••••	
Roberta Salois	Treasurer	н н	• • • • • • • • • • • • • • • • • • • •	
SEVENTH: Number of	f Shares authorized:			Par Value or statement that
No. of Shares	Class	Senes		shares are without par value
400	common	<b>PAID</b> FEB 2 8 1990	non	par
Еіднтн: Number of	Shares issued:	SEC'Y, OF STATE		Par Value or statement that
No. of Shares	Class	Series Series		shares are without par value
400	common		non	par
Dated February 1,	19 <u>.90</u>	Dave's Lawn Ca  David Salois	re Serv	low Precedit
(Report must be sig	ned by an officer) Ti	ide President		

Form 31 1/85

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate IE	0045927		Annual Report for the y	ear 1989 //
First:	The name of the co	rporation is	BALIE 1 ALV A	
Second	: It is incorporated	under the laws of	Rhode Island	
THIRD:	Character of busine and any other 1	•	The business of landscap	e gardening
Fourth	: If foreign corpora	ation, address of its p	orincipal office	
<b>Г</b> ІГТН:	Business address in	Rhode Island	1441 Park Avenue	, Cranston, RI 02920
Ѕіхтн:	Names and addresse	es of its directors and	d officers: Address (including numb	(Attach rider if necessary
•••••••••••	•••••••••••••••••••••••••••••••••••••••	Director		•••••••••••••••••••••••••••••••••••••••
		Director		······································
•••••••••••••••••••••••••••••••••••••••		Director	•••••	
******************	DAVID SALOIS	President	44 Peabody Drive, Warw	ick, RI
	ROBERTA SALOIS	Vice Presid	ent	
	DAVID SALOIS	Secretary	0 0	•••••
······································	RŪBERTA SALUIS	Treasurer	II N	
Seventh	: Number of Share	es authorized:		Par Value
No. of Sha	ares 400	Class C Ommon	Se <del>ries</del> non p	or statement that shares are without par value
			PAID	· • ·
Еіснтн:	Number of Shares	issued:	1 1 5 1989	Par Value
No. of Sha	ares	Class	SECSMOF STATE	or statement that shares are without
	400	common	non	par value par
Dated	3/1/89	19	DAVE'S LAWN CARE SERVICE,	las (prosinent)
(Ra	nort must be signed by a	n officer)	David Salois President	