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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
102631	A. TURFFARM, INC.

3. Street Address Principal Business Office	City	State	Zip
3671 South County Trail	West Kingston	RI	02892

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-783-5020	RHODE ISLAND	2113

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A TURF FARM, SELL, AND BUY TURF, CARRY OUT ALL OPERATIONS AND BUSINESS CONNECTED THEREWITH

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

President Name	Vice President Name
Jonathan E. Drake	Jonathan E Drake
Street Address: 44 Sandy Pond Rd	Street Address: 44 Sandy Pond Rd
City: Hope Valley State: RI Zip: 02832	City: Hope Valley State: RI Zip: 02832
Secretary Name: Jonathan E Drake	Treasurer Name: Jonathan E. Drake
Street Address: 44 Sandy Pond Rd	Street Address: 44 Sandy Pond Rd
City: Hope Valley State: RI Zip: 02832	City: Hope Valley State: RI Zip: 02832

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

Director Name	Director Name
Street Address	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)* ☐ 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*
1,000 NO PAR VALUE	NONE	NO PAR VALUE	0	NONE	NO PAR VALUE

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

[redacted] [redacted]

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.

Jonathan E. Drake Pres 2-18-05
Signature of Officer *Date*

Jonathan E Drake
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date	2-22-05
Check No.	13944
By:	MB

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
102631	A. TURFFARM, INC.			
3. Street Address Principal Business Office: 3671 South County Trail	City: West Kingston	State: RI	Zip: 02892	
4. Business Phone No.: 401-783-5020	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 2113	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A TURF FARM, SELL, AND BUY TURF, CARRY OUT ALL OPERATIONS AND BUSINESS CONNECTED THEREWITH

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

President Name	Vice President Name
Jonathan E Drake	Jonathan E. Drake
Street Address: 3671 South County Trail	Street Address: 3671 South County Trail
City: W. Kingston State: RI Zip: 02892	City: W. Kingston State: RI Zip: 02892
Secretary Name: Jonathan E Drake	Treasurer Name: Jonathan E Drake
Street Address: 3671 South County Trail	Street Address: 3671 South County Trail
City: W. Kingston State: RI Zip: 02892	City: W. Kingston State: RI Zip: 02892

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

Director Name	Director Name
Street Address	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)*** ☐ **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*
1,000 NO PAR VALUE	NONE	NO PAR VALUE	0	NONE	NO PAR VALUE

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

[redacted]

*102631

File Date 1-20-04
Check No. 13483
By: [signature]
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Jonathan E Drake Pres. 1-16-04
Signature of Officer *Date*

Jonathan E. Drake
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
102631	A. TURFFARM, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
3671 SOUTH COUNTY TRAIL		WEST KINGSTON	RHODE ISLAND	02892
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
(401) 783-5020	RHODE ISLAND			2113

7. Brief Description of the Character of Business Conducted in Rhode Island
TURF SALES AND HARVEST

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

President Name			*Vice President Name*		
JONATHAN E. DRAKE			JONATHAN E. DRAKE		
Street Address			*Street Address*		
3671 SOUTH COUNTY TRAIL			3671 SOUTH COUNTY TRAIL		
City	*State*	*Zip*	*City*	*State*	*Zip*
WEST KINGSTON	RI	02892	WEST KINGSTON	RI	02892
Secretary Name			*Treasurer Name*		
JONATHAN E. DRAKE			JONATHAN E. DRAKE		
Street Address			*Street Address*		
3671 SOUTH COUNTY TRAIL			3671 SOUTH COUNTY TRAIL		
City	*State*	*Zip*	*City*	*State*	*Zip*
WEST KINGSTON	RI	02892	WEST KINGSTON	RI	02892

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

Director Name			*Director Name*		
NONE			NONE		
Street Address			*Street Address*		
City	*State*	*Zip*	*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)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
$ 1000	NONE	NO PAR VALUE	0	NONE	NO PAR VALUE

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

[redacted] [redacted]

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.

Jonathan E Drake 9-22-03
Signature of Officer *Date*

JONATHAN E. DRAKE
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 10-15-03
Check No. 13310
By: ac
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

STOP
PLEASE READ INSTRUCTIONS

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.
102631

2. Name of Corporation
A. TURFFARM, INC.

3. Street Address Principal Business Office
3671 South County Trail

City
West Kingston

State
RI

Zip
02892

4. Business Phone No.
401-783-5020

5. State of Incorporation
RHODE ISLAND

6. SIC Code
2113

7. Brief Description of the Character of Business Conducted in Rhode Island
Turf farm operations - Buy/Sell Turf

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

President Name
Jonathan E. Drake
Street Address
44 Sandy Pond Rd.
City Richmond *State* RI *Zip* 02832

Vice President Name
Jamie E. Nordwall Drake
Street Address
44 Sandy Pond Rd.
City Richmond *State* RI *Zip* 02832

Secretary Name
Jamie E. Nordwall Drake
Street Address
44 Sandy Pond Rd
City Richmond *State* RI *Zip* 02832

Treasurer Name
Jonathan E. Drake
Street Address
44 Sandy Pond Rd
City Richmond *State* RI *Zip* 02832

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

Director Name
N/A
Street Address
City *State* *Zip*

Director Name
N/A
Street Address
City *State* *Zip*

Director Name
N/A
Street Address
City *State* *Zip*

Director Name
N/A
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000		NO PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
None		

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

* 1 0 2 6 3 1 *

File Date: 2-27-02

Check No.: 12421

By: 2c

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.

Jonathan E Drake 2-25-02
Signature of Officer *Date*

Jonathan E. Drake
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 102631
2. Name of Corporation: A. TURFFARM, INC.
3. Street Address Principal Business Office: 3671 South Canty Trail
City: West Kingston
State: RI
Zip: 02892
4. Business Phone No.: 401-783-5020
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 2113
7. Brief Description of the Character of Business Conducted in Rhode Island: Turf Farm Operations - Buy/sell Turf

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

President Name: Jonathan E Drake
Street Address: 44 Sandy Pond Rd
City: Richmond State: RI Zip: 02832

Vice President Name: Jamie E Nordwall Drake
Street Address: 44 Sandy Pond Rd
City: Richmond State: RI Zip: 02832

Secretary Name: Jamie E Nordwall Drake
Street Address: 44 Sandy Pond Rd
City: Richmond State: RI Zip: 02832

Treasurer Name: Jonathan E Drake
Street Address: 44 Sandy Pond Rd
City: Richmond State: RI Zip: 02832

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

Director Name: N/A
Street Address:
City: State: Zip:

Director Name: N/A
Street Address:
City: State: Zip:

Director Name: N/A
Street Address:
City: State: Zip:

Director Name: N/A
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

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

102631

File Date: 2/22

Check No.: 11922

By: DC

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.

Jonathan Drake 2-20-01
Signature of Officer Date

✓ Jonathan E Drake
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00

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

STOP
PLEASE READ
INSTRUCTIONS

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.: 102631
2. Name of Corporation: A. TURFFARM, INC.
3. Street Address Principal Business Office: 3671 South County Trail — City: West Kingston — State: RI — Zip: 02892
4. Business Phone No.: 401-783-5020
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 2113
7. Brief Description of the Character of Business Conducted in Rhode Island: Turf Farm Operations - Buy/sell Turf

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

President Name: Jonathan E Drake
Street Address: 122 Narrow Lane
City: Charlestown — State: RI — Zip: 02813

Vice President Name: Jamie E Nordwall Drake
Street Address: 122 Narrow Lane
City: Charlestown — State: RI — Zip: 02813

Secretary Name: Jamie E Nordwall Drake
Street Address: 122 Narrow Lane
City: Charlestown — State: RI — Zip: 02813

Treasurer Name: Jonathan E Drake
Street Address: 122 Narrow Lane
City: Charlestown — State: RI — Zip: 02813

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

Director Name: N/A
Street Address:
City — State — Zip:

Director Name: N/A
Street Address:
City — State — Zip:

Director Name: N/A
Street Address:
City — State — Zip:

Director Name: N/A
Street Address:
City — State — Zip:

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
None		

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

* 1 0 2 6 3 1 *

File Date: 2/7/00

Check No.: 11335

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.

Jonathan E Drake — 1-28-00
Signature of Officer — *Date*

Jonathan E Drake
Print or Type Name of Officer

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

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation
102631	A. TURFFARM, INC.

3. Street Address Principal Business Office	City	State	Zip
3671 South County Trail	West Kingston	RI	02892

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-783-5020	RHODE ISLAND	2113

7. Brief Description of the Character of Business Conducted in Rhode Island
Turf Farm operations - buy/sell Turf

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

President Name	Vice President Name
Jonathan E. Drake	Jamie N Drake
Street Address	Street Address
122 Narrow Lane	122 Narrow lane
City / State / Zip	City / State / Zip
Charlestown / RI / 02813	Charlestown / RI / 02813
Secretary Name	**Treasurer Name**
Jamie E. Nordwall Drake	Jonathan E Drake
Street Address	Street Address
122 Narrow lane	122 Narrow Lane
City / State / Zip	City / State / Zip
Charlestown / RI / 02813	RI / RI / 02813

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

Director Name	Director Name
None	None.
Street Address	Street Address
City / State / Zip	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)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			None		

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

[redacted]

* 1 0 2 6 3 1 *

[redacted]

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.

Jamie Drake — 6/18/99
Signature of Officer — *Date*

Jamie Drake
Print or Type Name of Officer

Vice President
Title of Officer

File Date: 8-18-99

Check No.: 10910

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 31 12/96