



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 FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **95635** 2. Name of Corporation **Renaissance Gardening, Ltd.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code _____
7. Brief Description of the Character of Business Conducted in Rhode Island _____

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

President Name _____	Vice President Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

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)

AUTHORIZED SHARES
Number of Shares _____ Class/Series _____ Per Value _____
4,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares _____ Class/Series _____ Per 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.

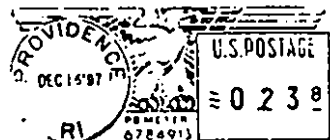
File Date: _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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RETURN SERVICE
REQUESTED

James R. Langevin, Secretary of State

PRESORTED
FIRST CLASS



RAYMO60 026793065 1797 15 12/16/97
RETURN TO SENDER
RAYMOND LOUIS
PO BOX 11
HOPKINTON RI 02833-0011