



**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. 88342		2. Name of Corporation A. Esposito Landscaping & Nursery, Inc.			
3. Street Address Principal Business Office 999 TARKLIN ROAD			City HARRISVILLE	State RI	Zip 02830
4. Business Phone No. (401) 568-2924		5. State of Incorporation RHODE ISLAND		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL LANDSCAPING, EXCAVATING, CONSTRUCTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTONIO ESPOSITO			Vice President Name MAUREEN ESPOSITO		
Street Address 999 TARKLIN ROAD			Street Address 999 TARKLIN ROAD		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name MAUREEN ESPOSITO			Treasurer Name ANTONIO ESPOSITO		
Street Address 999 TARKLIN ROAD			Street Address 999 TARKLIN ROAD		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANTONIO ESPOSITO			Director Name		
Street Address 999 TARKLIN ROAD			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip
Director Name MAUREEN ESPOSITO			Director Name		
Street Address 999 TARKLIN ROAD			Street Address		
City HARRISVILLE	State RI	Zip 02830	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
1,000 COMM NO PAR VALUE			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



File Date 9/22/05  
Check No. 8181  
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] 3-30-05  
Signature of Officer Date  
MAUREEN ESPOSITO  
Print or Type Name of Officer  
V Pres  
Title of Officer



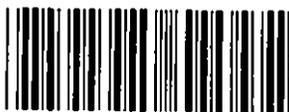
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 88342		2. Name of Corporation A. Esposito Landscaping & Nursery, Inc.			
3. Street Address Principal Business Office 999 Tarklin Road			City Harrisville	State RI	Zip 02830
4. Business Phone No. (401) 568-2924		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island GENERAL LANDSCAPING, EXCAVATING, CONSTRUCTION.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Antonio Esposito			Vice President Name Maureen Esposito		
Street Address 999 Tarklin Road			Street Address 999 Tarklin Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Maureen Esposito			Treasurer Name Antonio Esposito		
Street Address 999 Tarklin Road			Street Address 999 Tarklin Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Antonio Esposito			Director Name		
Street Address 999 Tarklin Road			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Director Name Maureen Esposito			Director Name		
Street Address 999 Tarklin Road			Street Address		
City Harrisville	State RI	Zip 02830	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
1,000 COMM NO PAR VALUE			500 SHS	Common	No Par

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



\* 8 8 3 4 2 \*

File Date 4/8/04  
Check No. 6919  
By: W.  
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.

Maureen Esposito 1/20/04  
Signature of Officer Date  
MAUREEN Esposito  
Print or Type Name of Officer  
V Pres.  
Title of Officer



**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. **88342** 2. Name of Corporation **A. Esposito Landscaping & Nursery, Inc.**  
3. Street Address Principal Business Office **999 Tarklin Road** City **Harrisville** State **RI** Zip **02830**  
4. Business Phone No. **(401) 568-2924** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Landscape work/construction; nursery selling; horticulture**

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

President Name <b>Antonio Esposito</b>	Vice President Name <b>Maureen Esposito</b>
Street Address <b>999 Tarklin Road</b>	Street Address <b>999 Tarklin Road</b>
City State Zip <b>Harrisville RI 02830</b>	City State Zip <b>Harrisville RI 02830</b>
Secretary Name <b>Maureen Esposito</b>	Treasurer Name <b>Antonio Esposito</b>
Street Address <b>999 Tarklin Road</b>	Street Address <b>999 Tarklin Road</b>
City State Zip <b>Harrisville RI 02830</b>	City State Zip <b>Harrisville RI 02830</b>

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

Director Name <b>Antonio Esposito</b>	Director Name
Street Address <b>999 Tarklin Road</b>	Street Address
City State Zip <b>Harrisville RI 02830</b>	City State Zip
Director Name <b>Maureen Esposito</b>	Director Name
Street Address <b>999 Tarklin Road</b>	Street Address
City State Zip <b>Harrisville RI 02830</b>	City State Zip

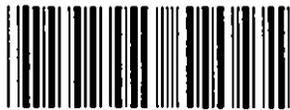
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
500 SHS	Common	No Par

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



\* 8 8 3 4 2 \*

File Date: 2.06.03  
439  
Check No.: \_\_\_\_\_  
By: UP

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.

Maureen Esposito 2/7/03  
Signature of Officer Date

Vice President  
Print or Type Name of Officer

Maureen Esposito  
Title of Officer



**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. **88342** 2. Name of Corporation **A. Esposito Landscaping & Nursery, Inc.**  
3. Street Address Principal Business Office **999 Tarklin Road** City **Harrisville** State **RI** Zip **02830**  
4. Business Phone No. **(401) 568-2924** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Landscape work/ construction; nursery selling; horticulture activities**

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

President Name <b>Antonio Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>RI</b> Zip <b>02830</b>	Vice President Name <b>Maureen Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>RI</b> Zip <b>02830</b>
Secretary Name <b>Maureen Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>RI</b> Zip <b>02830</b>	Treasurer Name <b>Antonio Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>RI</b> Zip <b>02830</b>

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

Director Name <b>Antonio Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>RI</b> Zip <b>02830</b>	Director Name  Street Address  City State Zip
Director Name <b>Maureen Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>RI</b> Zip <b>02830</b>	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>500 SHS</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 8 8 3 4 2 \*

File Date: 3.28.02  
Check No.: 108  
By: [Signature]

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: [Signature] Date: 2/4/02  
Print or Type Name of Officer: Antonio Esposito  
Title of Officer: President



**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. 88342		2. Name of Corporation A. ESPOSITO LANDSCAPING & NURSERY, INC.			
3. Street Address Principal Business Office 999 Tarklin Road			City Harrisville	State RI	Zip 02830
4. Business Phone No. (401) 568-2924		5. State of Incorporation Rhode Island		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island landscape work/construction; nursery selling; horticulture activities					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Antonio Esposito			Vice President Name Maureen Esposito		
Street Address 999 Tarklin Road			Street Address 999 Tarklin Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Maureen Esposito			Treasurer Name Antonio Esposito		
Street Address 999 Tarklin Road			Street Address 999 Tarklin Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Antonio Esposito			Director Name		
Street Address 999 Tarklin Road			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Director Name Maureen Esposito			Director Name		
Street Address 999 Tarklin Road			Street Address		
City Harrisville	State RI	Zip 02830	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
1,000	common	no par val	500	common	no par val

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

**FILED**

File Date: MAR 02 2001

Check No.: By [Signature] 254788

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.

Antonio Esposito 3/2/01  
Signature of Officer Date

Antonio Esposito  
Print or Type Name of Officer

President  
Title of Officer



**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. <b>88342</b>		2. Name of Corporation <b>A. Esposito Landscaping &amp; Nursery, Inc.</b>	
3. Street Address Principal Business Office <b>999 Tarklin Road</b>		City <b>Harrisville</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 568-2924</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>2212</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Landscape work/construction; nursery selling; horticulture activities</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>			
President Name <b>Antonio Esposito</b>		Vice President Name <b>Maureen Esposito</b>	
Street Address <b>999 Tarklin Road</b>		Street Address <b>999 Tarklin Road</b>	
City <b>Harrisville</b>	State <b>RI</b>	City <b>Harrisville</b>	State <b>RI</b>
Zip <b>02829</b>		Zip <b>02830</b>	
Secretary Name <b>Maureen Esposito</b>		Treasurer Name <b>Antonio Esposito</b>	
Street Address <b>999 Tarklin Road</b>		Street Address <b>999 Tarklin Road</b>	
City <b>Harrisville</b>	State <b>RI</b>	City <b>Harrisville</b>	State <b>RI</b>
Zip <b>02830</b>		Zip <b>02830</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>			
Director Name <b>Antonio Esposito</b>		Director Name	
Street Address <b>999 Tarklin Road</b>		Street Address	
City <b>Harrisville</b>	State <b>RI</b>	City	State
Zip <b>02830</b>		Zip	
Director Name <b>Maureen Esposito</b>		Director Name	
Street Address <b>999 Tarklin Road</b>		Street Address	
City <b>Harrisville</b>	State <b>RI</b>	City	State
Zip <b>02830</b>		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	
<b>1,000 SHS COMM NO PAR VAL</b>			
		<b>500</b>	<b>Common</b>
			<b>No Par Value</b>

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



File Date: 2/22/99  
Check No.: 1324  
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] 2/22/99  
Signature of Officer Date  
Antonio Esposito  
Print or Type Name of Officer  
President  
Title of Officer

**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. <b>88342</b>		2. Name of Corporation <b>A. Esposito Landscaping &amp; Nursery, Inc.</b>	
3. Street Address Principal Business Office <b>999 Tarklin Road</b>		City <b>Harrisville</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 568-2924</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>2212</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Landscape work/construction; nursery selling; horticulture activities</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>Antonio Esposito</b>		Vice President Name <b>Maureen Esposito</b>	
Street Address <b>999 Tarklin Road</b>		Street Address <b>999 Tarklin Road</b>	
City <b>Harrisville</b>	State <b>RI</b>	City <b>Harrisville</b>	State <b>RI</b>
Zip <b>02830</b>		Zip <b>02830</b>	
Secretary Name <b>Maureen Esposito</b>		Treasurer Name <b>Antonio Esposito</b>	
Street Address <b>999 Tarklin Road</b>		Street Address <b>999 Tarklin Road</b>	
City <b>Harrisville</b>	State <b>RI</b>	City <b>Harrisville</b>	State <b>RI</b>
Zip <b>02830</b>		Zip <b>02830</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <b>Antonio Esposito</b>		Director Name	
Street Address <b>999 Tarklin Road</b>		Street Address	
City <b>Harrisville</b>	State <b>RI</b>	City	State
Zip <b>02830</b>		Zip	
Director Name <b>Maureen Esposito</b>		Director Name	
Street Address <b>999 Tarklin Road</b>		Street Address	
City <b>Harrisville</b>	State <b>RI</b>	City	State
Zip <b>02830</b>		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000 SHS COMM NO PAR VAL</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>500</b>	<b>Common</b>	<b>No Par Value</b>	

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



File Date: 2.23.98  
Check No.: 1090  
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: 2/14/98  
Signature of Officer  
Antonio Esposito  
Print or Type Name of Officer  
PRES.  
Title of Officer



# 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. **88342** 2. Name of Corporation **A. Esposito Landscaping & Nursery, Inc.**  
 3. Street Address Principal Business Office **999 Tarklin Road** City **Harrisville** State **R.I.** Zip **02830**  
 4. Business Phone No. **(401) 568-2924** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Landscape work/construction; Nursery selling; Horticulture activities**

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

President Name <b>Antonio Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>R.I.</b> Zip <b>02830</b>	Vice President Name <b>Maureen Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>R.I.</b> Zip <b>02830</b>
Secretary Name <b>Maureen Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>R.I.</b> Zip <b>02830</b>	Treasurer Name <b>Antonio Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>R.I.</b> Zip <b>02830</b>

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

Director Name <b>Antonio Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>R.I.</b> Zip <b>02830</b>	Director Name  Street Address  City State Zip
Director Name <b>Maureen Esposito</b> Street Address <b>999 Tarklin Road</b> City <b>Harrisville</b> State <b>R.I.</b> Zip <b>02830</b>	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>COMM NO PAR VAL</b>		<b>500</b>	<b>Common</b>	<b>No Par Value</b>

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



File Date: 2-27-97  
 Check No.: 1210  
 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.

Maureen Esposito 2/19/97  
 Signature of Officer Date  
**MAUREEN ESPOSITO**  
 Print or Type Name of Officer  
V. PRES  
 Title of Officer