STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

. Corporate ID No.	ACK) 2. Name of Corpore	ation			
112848		n Landscape Masonr	y, Inc.		
3. Street Address Principal Busine.	• •	•	City	State	Zip
39 WESLEYANN STREE			COVENTRY	RI	02816-
1. Business Phone No.		5. State of Incorporate	- Ion	•	6. SIC Code
4018222166		RHODE ISLAN			299
Brief Description of the Charac	er of Rusiness Conc		· <u> </u>		••
O ENGAGE IN THE LAN			G BUSINESS		
B. NAMES AND ADDRESSI	es of the off	ICERS ("X" BOX FOR A	TTACHMENT) TELL IN SPA	ACES BEFORE USING A	TTACHMENTS
aul D Camara			Peter S. Camara		
reet Address			Street Address	-	• •
9 Wesleyann Street	t		536 Stony Lane		
=	State	Zip	City	State	Zip
iliy Tovent rv	RI	02816	Worth Kingstown		02852
Coventry Percetary Name	IV.E	02010	Treasurer Name		
vizette M. Camara			Paul D Camara		
•		•	Street Address		•
Sireci Address				root	
536 Stony Lane		_	39 Wesleyann St		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	Coventry	RI	02816
9. NAMES AND ADDRESS! Director Name	ES OF THE DIR	ÈCTORS ("X" BOX FOI	RATTACHMENT) FILL IN S Director Name	PACES BEFORE USING	ATTACHMENTS
Peter S. Camara			Paul D Camara		
irces Address		•	Sirect Address	•	
536 Stony Lane			39 Wesleyann St	reet	
-	C		• • •	State	Zip
City	State	Zip	Covertry	RI	•
North Kingstown	RI	02852	Coventry	K1	02816
Director Name			Director Name		
Lizette M. Camara					
Street Address		·	Street Address		
536 Stony Lane	_		· · · · ·	• <u>•</u> •	
-	State	Zip	City	State	Zip
	ŔĬ	02852			
Sity		.mmcu.vcv.m.	11. SHARES ISSUED ("X	" BOX FOR ATTACHME!	מא
Ciry North Kingstown 10.SHARES AUTHORIZE	D ("X" BOX FOR	AI IACHMENI) 📙	ISSUED SHARES		-
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR. Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Scries	Par Value
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Sumber of Shares	Class/Series		Number of Shares	•	
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PAR VALUE	Class/Series	Par Value		None	\$1.00
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PAR VALUE	Class/Series	Par Value	Number of Shares	None	\$1.00
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PAR VALUE	Class/Series	Par Value	Number of Shares	None	\$1.00
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PAR VALUE	Class/Series	Par Value	Number of Shares 8,000 President, Secretary, Assis	None Stant Secretary, Treas	\$1.00
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PAR VALUE	Class/Series	Par Value	Number of Shares 8,000 President, Secretary, Assis Under penalty of per	None stant Secretary, Treas	\$1.00 curer, Receiver o
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PAR VALUE This report must be signed	Class/Series d in ink by eithe	Par Value	Number of Shares 8,000 President, Secretary, Assis Under penalty Officer this report, including	None stant Secretary, Treas rjury, I declare and affirm g any accompanying sche	\$1.00 surer, Receiver of that I have examinately and statement
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PAR VALUE	Class/Series d in ink by eithe	Par Value	Number of Shares 8,000 President, Secretary, Assis Under penalty Officer this report, including	None stant Secretary, Treas	\$1.00 surer, Receiver of that I have examinately and statement
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 8,000 \$1.00 PAR VALUE This report must be signed 1 1 2 *112848 DBC 02/23/05	Class/Series d in ink by eithe	Par Value	Number of Shares 8,000 President, Secretary, Assis Under penalty Officer this report, including	None stant Secretary, Treas rjury, I declare and affirm g any accompanying sche	\$1.00 surer, Receiver of that I have examinately and statement
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 3,000 \$1.00 PAR VALUE This report must be signed	Class/Series d in ink by eithe 8 4 8	Par Value	Number of Shares 8,000 President, Secretary, Assis Under penalty Officer this report, including	None stant Secretary, Treas rjury, I declare and affirm g any accompanying sche	\$1.00 surer, Receiver of that I have examinately and statement
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 3,000 \$1.00 PAR VALUE This report must be signed 1 1 2 *112848 DBC 02/23/05 File Date	Class/Series d in ink by eithe	Par Value	Number of Shares 8,000 President, Secretary, Assistant penalty of perthis report, including and that an statement of Officer	None stant Secretary, Treas gury, I declare and affirm g any accompanying sche its contained herein are tr	\$1.00 Surer, Receiver of that I have examinated and statement and correct.
North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Sumber of Shares 3,000 \$1.00 PAR VALUE This report must be signed 1 1 2 *112848 DBC 02/23/05 File Date Check No.	Class/Series d in ink by eithe 8 4 8 01:41:10 PM*	Par Value er the President, Vice	Number of Shares 8,000 President, Secretary, Assistant penalty of perthis report, including and that an statement of Officer Paul D. Car	None stant Secretary, Treas rjury, I declare and affirm any accompanying sche its contained herein are to	\$1.00 Surer, Receiver of that I have examinated and statement and correct.
City North Kingstown 10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares 3,000 \$1.00 PAR VALUE This report must be signed 1 1 2 *112848 DBC 02/23/05 File Date Check No.	Class/Series d in ink by eithe 8 4 8	Par Value er the President, Vice	Number of Shares 8,000 President, Secretary, Assistant penalty of perthis report, including and that an statement of Officer	None stant Secretary, Treas rjury, I declare and affirm any accompanying sche its contained herein are to	\$1.00 Surer, Receiver of that I have examinated and statement and correct.

Form 630 12/01



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FOR SECRETARY OF STATE USE ONLY

PROFIT CORP Filing Period: January 1	ORATION A '-March 1 ● Fi	ANNUAL REP Eling Fee: \$50.00	ORT FOR THE Y	EAR <u>2004</u>		
FORM MUST BE TYPED IN						
I Corporate ID No. 112848	2. Name of Corpor Spring Green	ration n Landscape Masoni	rv Inc.			
3. Street Address Principal Bus	, ,	, garraga pa maaan	City	State	Zip	•
39 WESLEYANN STR			COVENTRY	RI	02816-	
4. Business Phone No.		5. State of Incorporat	tion	· · · -	6 SIC Code	•
4018222166		RHODE ISLAN	ND		299	
7. Brief Description of the Cha TO ENGAGE IN THE L			G BUSINESS	. <u> </u>	· — · ·	•
8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	CES BEFORE USING A	TTACHMENTS	•
Paul D. Camara			Peter S. Camara			4
Street Address		•	Street Address	,		,
39 Wesleyann Str	eet		536 Stony Lane			
City	State	Zip	City	State	Zip	
Coventry	RI	02816	North Kingstown	RI	02852	
Secretary Name	_		<i>Treasurer Name</i> Paul D. Camara			
Lizette M. Camara	3		Street Address			- - ·
Sirect Address 536 Stony Lane			39 Wesleyann Str	eet		
City Datie	State	Zip	City	State	Zip	-
North Kingstown	RI	02852	Coventry	RI	02816	
-			RATTACHMENT) FILL IN SP		ATTACHMENTS	
Peter S. Camara			Paul D. Camara			
Street Address			Sircet Address		•	
536 Stony Lane			39 Wesleyann Str	eet		
Ciny	State	Zip	City	State	Zip -	-
North Kingstown	RI	02852	Coventry	RI	02816	
Director Name			Director Name	• • • • •	• • •	
Lizette M. Camar	a					
Street Address		• •	Street Address		 -	
536 Stony Lane	_			. •		
City	State	Zip	City	State	Zip	
North Kingstown	RI	02852				
10. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT) 🗌	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	V7) ∐	
AUTHORIZED SHARES	er ve	Par Value	ISSUED SHARES Number of Shares	Class/Scries	Par Value	
Number of Shares	Class/Series	r ar rome	ramoer by this a	C.M.J. Jenies		
8,000 \$1.00 PAR VAL	UE		8,000	None	\$1.00	
This report must be sig	ned in ink by eith	er the President, Vice	President, Secretary, Assist	anı Secretary, Treas	urer, Receiver or Tr	ustee
1 1 2			Under penalty of perju	ury, I declare and affirm	that I have examined	
112848 DBC 02/26/	04 11:27:46 AM		this report, including a	any accompanying sche contained herein are tr	dules and statements.	
File Date 34/C	y-/		(- antil	ĺα.	3-2-04	
		_	Signature of Officer		Date	
Check No_)		_	Paul D. Cam	nara		
10			Print or Type Name of C			
1 10				~		

President

Title of Officer

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

401-222-3040

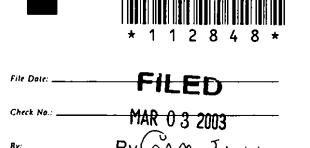
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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

1. Corporate ID No.	2. Name of Corpora	ition			
112848	Spring Gree	en Landscape Masonry, Inc	.		
3. Street Address Principal Business O		•	City	State	Zip
39 Wesleyann Sti	reet		Coventry	RI	02816
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 822-2166 7. Brief Description of the Character o	f Business Conducted	RHODE ISLAND in Rhode Island			299
Landscape and M. 8. NAMES AND ADDRESS! President Name	•		HMENT) FILL IN SPACES BEFO	ORE USING ATTAC	HMENTS
Paul D. Camara Street Address			Peter S. Camara Street Address		
39 Wesleyann Str	eet		536 Stony Lane		
City	State	Zip	City	State	Zip
Coventry Secretary Name	RI	02816	North Kingstown Treasurer Name	RI	02852
Lizette M. Camar Street Address	a		Paul D. Camara Street Address		
536 Stony Lane			39 Westeyann Sti	reet	
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	Coventr	RI	02816
9. NAMES AND ADDRESS	ES OF THE DIR	ECTORS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPACES BE Director Name	FORE USING ATT	ACHMENTS
Peter S. Camara Street Address			Paul D. Camara Street Address		
536 Stony Lane			39 Wesleyann St	reet	
City	State	Zip	City	State	Zip
North Kingstown Director Name	RI	02852	Coventry Director Name	RI	02816
Lizette M. Camar	a		Street Address		
536 Stony Lane					
City	State	Zip	City	State	Zip
North Kingstown	RI	02852			
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED (*X* 8)	OX FOR ATTACHMENT	7)
Number of Shares	Class/Series	Far 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

8,000



8,000 \$1.00 PAR VALUE

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.

None

\$1.00

Signature of Officer

Paul D. Camara

Print or Type Name of Officer

<u>President</u> Title of Officer 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 _ Filing Period: January 1-March 1 • Filing Fee: \$50.00

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1. Corporate ID No.

2. Name of Corporation

112848	Spring Green Landscape Masonry, Inc.			
Street Address Principal Business Office		City	State	Zip
39 Wesleyann Street		Coventry	RI	02816
Business Phone No.	S. State of Incorporation	•		6. SIC Code
(401) 822-2166	RHODE ISLAND			29

(401) 822-2166 7. Brief Description of the Character	of Business Conducted in	RHODE ISLA	ND		299
Landscape and Ma. 8. NAMES AND ADDRESS President Name			FACHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
Paul D. Camara Street Address			Peter S. Camara Street Address		
39 Wesleyann Str	eet State	ZIp	536 Stony Lane	State	Zip
Coventry Secretary Name	RI	02816	North Kingstown Treasurer Name	. RI	02852
Lizette M. Camara Street Address	3		Paul D. Camara Street Address		
536 Stony Lane	State	Zip	39 Wesleyann Str	eet State	Zip
North Kingstown 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIRE	02852 CTOR\$ (*x* BOX FOR A	Coventry ATTACHMENT) FILL IN SPACES Director Name	RI S BEFORE USING ATT	02816 FACHMENTS
Peter S. Camara Street Address		<u>.</u> .	Paul D. Camara		
536 Stony Lane	State	Zip	39 Wesleyann Str	eet State	ZIp
North Kingstown Director Name	RI .	02852	Coventry Director Name	RI .	02816
Lizette M. Camara Street Address	a		Street Address		
536 Stony Lane	State	Zip	City	State	Zip
North Kingstown	RI	02852			
10. SHARES AUTHORIZEL) (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES	Chara that	B **-!	ISSUEED SHARES		
Number of Shares	Class/Series	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

8,000



8,000 \$1.00 PAR VALUE

File Date:	31	02		
Check No.:	145	8		
Dy:	<u>BA</u>		<u> </u>	
FOR SECRETAR	Y OF STATE III	SE ONLY		

Under penalty of perjuty, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Hat all statements ontained herein are true and correct.

None

Day		क्रिक्ट
// // // // // // // // // // // // //	\ V^ \	100

Signature of Officer

\$1:00

Paul D. Camara	Paul	D.	Camara
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Print or Type Name of Officer

President

Title of Officer **₹**\$> \$

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

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. 112848	2. Name of Corporation Spring Gre	en Landscape Mas	sonry, Inc.		
3. Street Address Principal Business	ОПсе		City	State	Zip
39 Wesleyann Stre	et	5. State of Incorporation RHODE ISLAND	Coventry	RI	02816 6. SIC Code
(401) 822-2166 7. Brief Description of the Character	of Business Conducted in				0299
Landscape and Mas 8. NAMES AND ADDRESS President Name	•		MENT) FILL IN SPACES BEF Vice President Name	FORE USING ATTACHM	ENTS
Paul D. Camara Street Address			Peter S. Camara Street Address	•	
39 Wesleyann Stre	et		536 Stony Lane		
City	State	Zip	City	State	Zip
Coventry Secretary Name	RI	02816	North Kingstown Treasurer Name	RI	02852
Lizette M. Camara Street Address	ı		Paul D. Camara Street Address		
536 Stony Lane	State	Zip	39 Wesleyann Str	eet State	Zip
North Kingstown 9. NAMES AND ADDRES Director Name	RI	02852	Coventry	RI SEFORE USING ATTACH	02816
Peter S. Camara Street Address			Paul D. Camara Street Address		
536 Stony Lane			39 Wesleyann Str	eet	
City	State	Zip	City	State	Zip
North Kingstown Director Name	RI	02852	Coventry Director Name	RI	028163
Lizette M. Camara Street Address	ı		Street Address		
536 Stony Lane	State	Zip	City	State	Zip
North Kingstown	RI	02852			
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*x* ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR	VALUE				

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

8,000

	* 1 1 2 8 4 8 *
File Date:	2/28
Clieck No.:	1218
Ву:	di
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 statement contained herein are true and correct.

None

	Dan	
Signature of	Officer	

2-26-0	/
Date	

\$1.00

Pau	ıΪ	D.	Cama	ara_
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President Title of Officer