

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

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 122648 R.J. Lawn Care Inc. 3. Street Address Principal Business Office State 02857 RI Glocester 168 Sandy Brook Road 4. Bustness Phone No. 5. State of Incorporation G. SIC Code 764-0256 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island LANDSCAPING, LANDSCAPE GARDENING, PLANTING GRASS, SHRUBS, BUSHES, TREES, SEEDING, SODDING SOILS, LAWN 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name none Robert J. Belisle Street Address Since Address 168 Sandy Brook Road State State ĞTocester RI02857 Secretary Name Tipusimer Name Anne Matarese Anne Matarese Sing Standy Brook Road 168 Sandy Brook Road zip 02857 02857 Glocester GTocester RΙ RI☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name *NO BOARD OF DIRECTORS Street Address Sinvei Address State 7.ip City City State ZIP Director Name Director Name Street Address Since Address State City City Zip State Z(p 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 100 8,000 NO PAR VALUE 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. 2-15-05 File Date Signature of Officer Check No. Robert J. Belisle Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



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

Filing Period: January 1 (FORM MUST BE TYPED OR F		Filing Fee: \$50.00				
1. Corporate ID No.	2. Name of Corporation					
122648		R.J. Lawn Care Inc.				
Street Address Principal Business Office 168 Sandy Brook Road			Glocester	State R I	02857	
4. Business Phone No.	TOOK KOAU	5. State of Incorporatio	<u> </u>		6. SIC Code	
764- 556 Ø	356	' '			5.5.5 5	
	DSCAPE GARDENII		IRUBS, BUSHES, TREES, SEI	EDING, SODDING SOILS		
Robert J. Belisle			None Street Address			
						168 Sandy E
City	State	Zip	City	State	Zip	
Glocester	L RI	02857	•			
Secretary Name			Treasurer Name			
Anne Matarese			Anne Matarese			
Street Address			Street Address			
168 Sandy E	Y		168 Sandy Brook		1	
Culy	State	Zip	City	State	Zip	
Glocester	RI RI	02857	: Glocester <i>ATTACHMENT)</i> □ FILLI	RI N SBACES REFORE US	O2857	
Director Name	JEJ OF THE DIKE	CIORS: (A BOX I OR)	Director Name	I STREES BEFORE 00	ing at Memmer 13	
	OF DIRECTORS					
Sirvet Address			Sircel Address			
City	State	Zip	City	State	Zip	
	<u> </u>					
Director Name			Director Name			
Street Address			Street Address			
Clir	State	Zip	City	State	Ζ.ψ	
			•		'	
10. SHARES AUTHORIZI AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTAC	нмент) 🗆	
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
8,000 NO PAR VALUE			100	Common	No par value	
<u>_</u> .						
This report must	be signed in ink by	y either the President, Vic	e President, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Trustee	
	1181 11810 11818 IXALA BIILI S					
 				• •	that I have examined this rep	
<u>*</u>	12264	-8 -*			tatements, and that all statem	
1.3().04			contained herein ar	contained herein are true and correct.		
File Date			the same	Bulie	1/26/27	
7505			Signature of Officer Dute			
Check No.			Robert J. Be	elisle		
By:			Print or Type Name	of Officer		
			President			
ECD SECRETARY O	E PTATE LICE ONLY	t	FLESTURUL			

Title of Officer

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 <u>2003</u>

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

122648

R.J. Lawn Care Inc.

3. Street Address Principal Business Office 168 Sandy Brook Road City Glocester State

Zip

4. Business Phone No.

5. State of Incorporation

RI

02857

764-0136

6. SIC Code

RHODE ISLAND.

7. Brief Description of the Character of Business Conducted in Rhode Island landsCaping; landscape gardening; planting grass, shrubs, bushes, trees; seeding, sodding soils; lawn maintenance; and any other lawful purposes

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

Robert J. Belisle Street Address

None

Street Address

Clly

168 Sandy Brook Road State

Glocester

RΙ

02857

Zip

Secretary Name

Anne Matarese

Street Address 168 Sandy Brook Road

City

Glocester

RI

02857

Treasurer Name

Anne Matarese

Steet Address

168 Sandy Brook Road

City Glocester

State RI

State

02857

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

Director Name

* NO BOARD OF DIRECTORS

Street Address

City

State

Zip

Street Address

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

100

Common

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:

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.

Robert J. Belisle

Print or Type Name of Officer President

Title of Officer <3.5 5

Form 630 12/02