



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)

Form with sections 1-11: Corporate ID No (105753), Name of Corporation (Turf Master Inc.), Street Address (1703 Plainfield Pike), City (Johnston), State (RI), Zip (02919), Business Phone No (401 943 8866), State of Incorporation (RHODE ISLAND), SIC Code (2212), Brief Description of Business (TO PERFORM LANDSCAPE CONSTRUCTION, MAINTENANCE AND MANAGEMENT (CONSULTATION) SERVICES), Names and Addresses of Officers (President: Radek Molenda), Names and Addresses of Directors (None), Shares Authorized (8,000 NO PAR VALUE), Shares Issued (None).

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.

Signature of Officer: Radek Molenda, Date: 01/29/05
Print or Type Name of Officer: Radek Molenda
Title of Officer: President

File Date: 1-31-05
Check No.: 10621
By: J.C.
FOR SECRETARY OF STATE USE ONLY



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. 105753		2. Name of Corporation Turf Master Inc.			
3. Street Address Principal Business Office 1703 Plainfield Pike			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-943-8866		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM LANDSCAPE CONSTRUCTION, MAINTENANCE AND MANAGEMENT (CONSULTATION) SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Radek Molenda			Vice President Name		
Street Address 1703 Plainfield Pike			Street Address		
City Johnston	State RI	Zip 02919	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) <input type="checkbox"/> 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) <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
8,000 NO PAR VALUE			None		

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



* 1 0 5 7 5 3 *

File Date **FILED**

Check No. JAN 27 2004

By: M18138 @ [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] 1/14/04
Signature of Officer Date
Radek Molenda
Print or Type Name of Officer
President
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. **105753**
2. Name of Corporation **Turf Master Inc.**
3. Street Address Principal Business Office
1703 PLAINFIELD PIKE
4. Business Phone No. **401-943-8866**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Landscaping

City **JOHNSTON** State **RI** Zip **02919**
6. SIC Code **2212**

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

President Name **Radek Molenda**
Street Address
1703 Plainfield Pike
City **Johnston** State **RI** Zip **02919**
Secretary Name **None**
Street Address
City State Zip

Vice President Name **None**
Street Address
City State Zip
Treasurer Name **None**
Street Address
City State Zip

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

Director Name **None**
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name **None**
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES **None**
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



* 1 0 5 7 5 3 *

File Date: **1-21-03**
Check No.: **10317**
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.

Signature of Officer **Radek Molenda** Date **4/15/03**
Print or Type Name of Officer **Radek Molenda**
Title of Officer **President**



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. **105753** 2. Name of Corporation **Turf Master Inc.**
3. Street Address Principal Business Office **1703 PLAIN FIELD PIKE** City **JOHNSTON** State **RI** Zip **02919**
4. Business Phone No. **401-943-8866** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
Complete Landscape maintenance & Construction

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

President Name Radek	Vice President Name None
Street Address Molenda	Street Address
City Same	City
State	State
Zip	Zip

Secretary Name None	Treasurer Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 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 5 7 5 3 *

File Date: 1-15-02
Check No.: 10218
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] Date 1/2/02
Signature of Officer
Radek Molenda
Print or Type Name of Officer
President
Title of Officer



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. 105753		2. Name of Corporation Turf Master Inc.			
3. Street Address Principal Business Office 1703 Plainfield Pike			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-751-7400		5. State of Incorporation RHODE ISLAND		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island Landscape					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Radek Molenda			Vice President Name same		
Street Address same as above			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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name same			Director Name same		
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) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		10		

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



* 1 0 5 7 5 3 *

File Date: 3/2
Check No.: 10134
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.

Radek Molenda 2/26/01
Signature of Officer Date
Radek Molenda
Print or Type Name of Officer
President
Title of Officer



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. 105753		2. Name of Corporation Turf Master Inc.			
3. Street Address Principal Business Office 8 Albermarle Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401 751-7400		5. State of Incorporation RHODE ISLAND		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island Landscaping					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Radek Molenda			Vice President Name None		
Street Address 8 Albermarle Ave.			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name None			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
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) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE				

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



* 1 0 5 7 5 3 *

File Date: 1/18/00
Check No.: 508
By: cc

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 of Officer: [Signature] Date: 1/14/00
Print or Type Name of Officer: Radek Molenda
Title of Officer: President