



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)

|  |                    |   |   |                    |                            |
|--|--------------------|---|---|--------------------|----------------------------|
| 1. Corporate ID No.<br><b>95560</b>  |                    | 2. Name of Corporation<br><b>R. BAFFONI &amp; SON LANDSCAPING, INC.</b> |   |                    |                            |
| 3. Street Address Principal Business Office<br><b>25 Searrel Sweet Road</b>  |                    |   | City<br><b>Johnston</b>   | State<br><b>RI</b> | Zip<br><b>02919</b>        |
| 4. Business Phone No.<br><b>401 944-3112</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                        |   |                    | 6. SIC Code<br><b>2212</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>LANDSCAPING &amp; CONSTRUCTION</b>               |                    |   |   |                    |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |   |   |                    |                            |
| President Name<br><b>William Baffoni</b>   |                    |   | Vice President Name<br><b>William Baffoni</b>                       |                    |                            |
| Street Address<br><b>25 Greenbrier Road</b>  |                    |   | Street Address<br><b>25 Greenbrier Road</b>                         |                    |                            |
| City<br><b>Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02828</b>   | City<br><b>Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02828</b>        |
| Secretary Name<br><b>Roger Baffoni</b>   |                    |   | Treasurer Name<br><b>William Baffoni</b>                            |                    |                            |
| Street Address<br><b>25 Searrel Sweet Road</b>   |                    |   | Street Address<br><b>25 Greenbrier Road</b>                         |                    |                            |
| City<br><b>Johnston</b>  | State<br><b>RI</b> | Zip<br><b>02919</b>   | City<br><b>Smithfield</b>   | State<br><b>RI</b> | Zip<br><b>02828</b>        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |   |   |                    |                            |
| Director Name<br><b>William Baffoni</b>  |                    |   | Director Name   |                    |                            |
| Street Address<br><b>25 Greenbrier Road</b>  |                    |   | Street Address  |                    |                            |
| City<br><b>Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02828</b>   | 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                  |
| <b>500 NO PAR VALUE</b>  |                    |   | <b>500</b>  | <b>Common</b>      | <b>NO PAR</b>              |
|  |                    |   |   |                    |                            |

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



File Date **8/15/05**  
Check No. **2496**  
By: **DA**  
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.

**Roger Baffoni**  
Signature of Officer Date  
**Roger Baffoni**  
Print or Type Name of Officer  
**Secretary**  
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

# 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.<br>95560   |              | 2. Name of Corporation<br>R. BAFFONI & SON LANDSCAPING, INC. |   |                     |              |
| 3. Street Address Principal Business Office<br>25 SERREL SWEET Rd  |              | City<br>Johnston   | State<br>RI   | Zip<br>02919        |              |
| 4. Business Phone No<br>401-944-3112   |              | 5. State of Incorporation<br>RHODE ISLAND                    |   | 6. SIC Code<br>2212 |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>LANDSCAPING & CONSTRUCTION                          |              |  |   |                     |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |   |                     |              |
| President Name<br>William BAFFONI  |              | Vice President Name<br>William BAFFONI                       |   |                     |              |
| Street Address<br>25 Greenbrier Rd.  |              | Street Address<br>25 Greenbrier Rd.                          |   |                     |              |
| City<br>Greenville   | State<br>RI  | Zip<br>02828   | City<br>Greenville  | State<br>RI         | Zip<br>02828 |
| Secretary Name<br>Roger BAFFONI  |              | Treasurer Name<br>William BAFFONI                            |   |                     |              |
| Street Address<br>25 Serrel Sweet Rd   |              | Street Address<br>25 Greenbrier Rd                           |   |                     |              |
| City<br>Johnston   | State<br>RI  | Zip<br>02919   | City<br>Greenville  | State<br>RI         | Zip<br>02828 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |  |   |                     |              |
| Director Name<br>William BAFFONI   |              | Director Name  |   |                     |              |
| Street Address<br>25 Greenbrier Rd   |              | Street Address   |   |                     |              |
| City<br>Greenville   | State<br>RI  | Zip<br>02828   | 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    |
| 500 NO PAR VALUE   |              |  | 500   | Common              | NO PAR.      |

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



\* 9 5 5 6 0 \*

File Date 1-30-04  
Check No. 2133  
By: 100

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

Roger BAFFONI

Print or Type Name of Officer

Secretary

Date

1-13-04



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

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 2003  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

95560

2. Name of Corporation

R. BAFFONI & SON LANDSCAPING, INC.

3. Street Address Principal Business Office

25 Serrel Sweet Road

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401 944-3112

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

7. Brief Description of the Character of Business Conducted in Rhode Island

To operate a LANDSCAPING-CONSTRUCTION business. All phases of landscaping & Const. industry

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

William R. Baffoni

Street Address

14 Kimberly Court

City

N. Providence

State

RI

Zip

02911

Vice President Name

William R. Baffoni

Street Address

14 Kimberly Court

City

N. Providence

State

RI

Zip

02911

Secretary Name

Roger Baffoni

Street Address

25 Serrel Sweet Road

City

Johnston

State

RI

Zip

02919

Treasurer Name

William R. Baffoni

Street Address

14 Kimberly Court

City

N. Providence

State

RI

Zip

02911

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

William R. Baffoni

Street Address

14 Kimberly Court

City

N. Providence

State

RI

Zip

02911

Director Name

Street Address

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

Par Value

500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

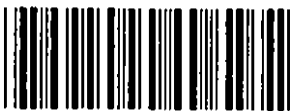
Par Value

500

Common

No PAR

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



\* 9 5 5 6 0 \*

File Date: FILE

Check No.: FEB 28 2003

By: R. Baffoni

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.

William R. Baffoni

Signature of Officer

2-25-03

Date

William R. Baffoni

Print or Type Name of Officer

President

Title of Officer



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

95560

2. Name of Corporation

R. BAFFONI & SON LANDSCAPING, INC.

3. Street Address Principal Business Office

City

State

Zip

25 Serrel Sweet Road

Johnston

RI

02919

4. Business Phone No.

401-944-3112

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

7. Brief Description of the Character of Business Conducted in Rhode Island

To operate a landscaping-construction. All phases of landscaping & Const. industry.

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

President Name

William R. Baffoni

Vice President Name

William R. Baffoni

Street Address

14 Kimberly Court

Street Address

14 Kimberly Court

City

North Providence

State

RI

Zip

02911

City

North Providence

State

RI

Zip

02911

Secretary Name

Roger Baffoni

Treasurer Name

William R. Baffoni

Street Address

25 Serrel Sweet Rd.

Street Address

14 Kimberly Court

City

Johnston

State

RI

Zip

02919

City

North Providence

State

RI

Zip

02911

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

Director Name

William R. Baffoni

Director Name

Street Address

14 Kimberly Court

Street Address

City

North Providence

State

RI

Zip

02911

City

State

Zip

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

500 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500

Common

No Par

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



\* 9 5 5 6 0 \*

File Date: 2-11-02

Check No.: 11054

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.

William R. Baffoni 2-6-02  
Signature Date

William R. Baffoni

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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

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 BLACK)



|  |              |   |   |                     |              |
|--|--------------|---|---|---------------------|--------------|
| 1. Corporate ID No.<br>95560   |              | 2. Name of Corporation<br>R.Baffoni & Son Landscaping, Inc. |   |                     |              |
| 3. Street Address Principal business Office<br>25 Serrel Sweet Rd.   |              | City<br>Johnston  |   | State<br>RI         | Zip<br>02919 |
| 4. Business Phone No.  |              | 5. State of Incorporation<br>Rhode Island                   |   | 6. SIC Code<br>2212 |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>To operate a landscaping-construction. All phases of landscaping & const. industry. |              |   |   |                     |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                   |              |   |   |                     |              |
| President Name<br>William R. Baffoni   |              |   | Vice President Name<br>William R. Baffoni                           |                     |              |
| Street Address<br>14 Kimberly Court  |              |   | Street Address<br>14 Kimberly Court                                 |                     |              |
| City<br>North Providence   | State<br>RI  | Zip<br>02911  | City<br>North Providence  | State<br>RI         | Zip<br>02911 |
| Secretary Name<br>Roger Baffoni  |              |   | Treasurer Name<br>William R. Baffoni                                |                     |              |
| Street Address<br>25 Serrel Sweet Rd.  |              |   | Street Address<br>14 Kimberly Court                                 |                     |              |
| City<br>Johnston   | State<br>RI  | Zip<br>02919  | City<br>North Providence  | State<br>RI         | Zip<br>02911 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                  |              |   |   |                     |              |
| Director Name<br>William R. Baffoni  |              |   | Director Name   |                     |              |
| Street Address<br>14 Kimberly Court  |              |   | Street Address  |                     |              |
| City<br>North Providence   | State<br>RI  | Zip<br>02911  | 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    |
| 500  |              | No Par  | 500   | Common              | No Par       |

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

File Date: 9-27-01  
Check No: 1559  
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 of Officer: William R. Baffoni  
Date: 9-26-01  
Title or Type Name of Officer: President  
Title of Officer:



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  
401-222-3040

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. 95560 2. Name of Corporation R. BAFFONI & SON LANDSCAPING, INC.

3. Street Address Principal Business Office 25 Serrel Sweet Road City Johnston State RI Zip 02919  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation RHODE ISLAND 6. SIC Code 2212

7. Brief Description of the Character of Business Conducted in Rhode Island

To operate a landscaping-construction. All phases of Landscaping & const. industry

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

President Name

William R. Baffoni

Street Address

14 Kimberly Court

City North Providence State RI Zip 02911

Secretary Name

Roger Baffoni

Street Address

25 Serrel Sweet Road

City Johnston State RI Zip 02919

Vice President Name

William R. Baffoni

Street Address

14 Kimberly

City North Providence State RI Zip 02911

Treasurer Name

William R. Baffoni

Street Address

14 Kimberly Court

City North Providence State RI Zip 02911

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

Director Name

William R. Baffoni

Street Address

14 Kimberly Court

City North Providence State RI Zip 02911

Director Name

Director Name

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES

Number of Shares 500 NO PAR Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

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

ISSUED SHARES

Number of Shares 500 Class/Series Common Par Value No Par

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



\* 9 5 5 6 0 \*

File Date: 1/24/00

Check No.: 1572

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.

William R. Baffoni 1-20-2000  
Signature of Officer Date

William R. Baffoni  
Print or Type Name of Officer

President  
Title of Officer





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 1999**

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

(FORM MUST BE TYPED IN BLACK)

|   |              |  |                          |                     |  |
|---|--------------|--|--------------------------|---------------------|--|
| 1. Corporate ID No.<br>95560  |              | 2. Name of Corporation<br>R. Baffoni & Son Landscaping, Inc. |                          |                     |  |
| 3. Street Address Principal Business Office<br>25 Serrel Sweet Road   |              | City<br>Johnston   | State<br>RI              | Zip<br>02919        |  |
| 4. Business Phone No.   |              | 5. State of Incorporation<br>Rhode Island                    |                          | 6. SIC Code<br>2212 |  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>To operate a landscaping-construction. All phases of Landscaping & const. industry |              |  |                          |                     |  |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)   |              |  |                          |                     |  |
| President Name<br>William R. Baffoni  |              | Vice President Name<br>William R. Baffoni                    |                          |                     |  |
| Street Address<br>14 Kimberly Court   |              | Street Address<br>14 Kimberly Court                          |                          |                     |  |
| City<br>North Providence  | State<br>RI  | Zip<br>02911   | City<br>North Providence | State<br>RI         | Zip<br>02911                               |
| Secretary Name<br>Roger Baffoni   |              | Treasurer Name<br>William R. Baffoni                         |                          |                     |  |
| Street Address<br>25 Serrel Sweet Road  |              | Street Address<br>14 Kimberly Court                          |                          |                     |  |
| City<br>Johnston  | State<br>RI  | Zip<br>02919   | City<br>North Providence | State<br>RI         | Zip<br>02911                               |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)  |              |  |                          |                     |  |
| Director Name<br>William R. Baffoni   |              | Director Name  |                          |                     |  |
| Street Address<br>14 Kimberly Court   |              | Street Address   |                          |                     |  |
| City<br>North Providence  | State<br>RI  | Zip<br>02911   | City                     | State               | Zip  |
| Director Name   |              | Director Name  |                          |                     |  |
| Street Address  |              | Street Address   |                          |                     |  |
| City  | State        | Zip  | City                     | State               | Zip  |
| 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                                  |
| 500   | Common       | No Par   | 500                      | Common              | No Par                                     |

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

File Date: 7-7-99  
Check No.: 633  
By: AMF  
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.

William R. Baffoni 7-7-99  
Signature of Officer Date  
William R. Baffoni  
Print or Type Name of Officer  
President  
Title of Officer



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. **95560** 2. Name of Corporation **R. BAFFONI & SON LANDSCAPING, INC.**  
3. Street Address Principal Business Office **25 SERREL SWEET RD** City **JOHNSTON** State **R.I.** Zip **02919**  
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

TO OPERATE A LANDSCAPING-CONSTRUCTION. ALL PHASES OF THE LANDSCAPING AND  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) CONSTRUCTION INDUSTRY.

President Name **WILLIAM R. BAFFONI**

Street Address  
City **14 KIMBERLY COURT** State **R.I.** Zip **02911**

Secretary Name **NO PROV**

Street Address **SAME**

City State Zip

Vice President Name **SAME**

Street Address  
City State Zip

Treasurer Name

Street Address **SAME**

City State Zip

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

Director Name **WILLIAM R. BAFFONI**

Street Address  
City **14 KIMBERLY COURT** State **R.I.** Zip **02911**

Director Name

Street Address

City State Zip

Director Name

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

**500 NO PAR**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**500 COMMON NO PAR**

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



\* 9 5 5 6 0 \*

File Date: **1-20-98**

Check No.: **145**

By: **WRB**

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.

**WRB** 1/8/98  
Signature of Officer Date

**WILLIAM R. BAFFONI**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

