

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

(FORM MUST BE TYPED	OR PRINTED IN BIACK)				
L. Corporate ID No.	2. Name of Corporati	•			
95560 Street Address Principal	Rustues Office	SON LANDSCAPING, IN		I come	Zip
25 Seppel			Johnston	State LI	02919
), Business Phone No.	<u> </u>	5. State of Incorporation	1 GUNUSION		6. SIC Code
401 944.	· 3112	RHODE ISLAND			2212
LANDSCAPING	Durncter of Business Conducted I & CONSTRUCTION	n Rhode Island			
B. NAMES AND ADD bisident Name	RESSES OF THE OFFICER	S: ("X" BOX FOR ATT)	(CHMENT) [] FILL IN	SPACES BEFORE USING	ATTACHMENTS
William To	3.1/2'		11 11 - A	2/1.	
Street Address	· A		: Street Address	ואמקקא	
25 Gree	Nbrier Road		25 Greens	brier Road	
Smithfield	State RZ	02828	Snithfield	State RI	02828
Socretary Name	Baltoni		William BA	ffori.	
25 5000	el Sweat Road	4	Street Address	bain Park	
cin — ,	State State	2.tp	: 6/3 Sheen!	State _	Zip
Johnston	RESSES OF THE DIRECTO	02819	Smithfield	I RI IN SPACES BEFORE USIN	02828
Director Name William Bi	AFFONI		Director Name		
	ubrier Road		Street Address		
JIL .	State 7	Zip A DC a C	Cuy	State	Zip
Ometor Name	<u> </u>	02828	Director Name		l
Street Address			Street Address		
Cuy	State	Zip	City	State	Zф
0. SHARES AUTHO:	RIZED <i>("X" BOX FOR AT</i>	TACHMENT)	11. SHARES ISSUED ISSUED SHARES	 ("X" BOX FOR ATTACHE	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			500	Common	NO PAR
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		EE11 281			
		EBJ! 1881		erjury, I declare and affirm tha	
	1		including any acco contained herein ar	mpanying schedules and state	ments, and that all state
File Date	15/05		contained nerein ar		
			Signature of Officer	- Bullin	Date
Check No.	2496		· _ · -	> ^A '	Daic
	Λ 4		Rogen 0		· · · · · · · · · · · · · · · · · · ·
Ву:	_D_H	· _	Print of Type Name		
FOR SECRETAL	RY OF STATE USE ONLY		Secneta	4	
		i	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

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRI	NTED IN BIACK)				
1. Corporate ID No.	2. Name of Corporation	n		•	
95560		SON LANDSCAPING, IN		Tail	T-20-
3 Street Addrew Principal Business	Jeet Rd		CurJohnston	State R 1	112919
4 Business Phone No 9111	-7117	5. State of Incorporation	1 7011171 911	1./1/	6. SIC Code
401-13676	100	RHODE ISLAND			2212
7. Brief Description of the Characte LANDSCAPING & COI		Rhode Island	•		
8. NAMES AND ADDRESSE		S. C"X" ROX FOR ATTA	CHMENT) - I FILL IN SPA	ACES BEFORE USING A	TTACHMENTS -
President Name		, (x nox i ou ui u	Vice President Name		
Will 14 m 13	AFFONI		W/1/1 1 Am	BAFFONI	
Street Address 25 GREEN	hRIDE ?	Rd.	Sireci Address 25 GHERN 10121	enrd	
City	State O I	Zip A D C n C n	City and will	State () i	02828
6-12. C. 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	'.L!5./	102828	GRECHVIIIE	.l <i>l</i> K./	102828
Brock P	PAFFONI		11/1///AM	BRFFONI	
Street Addiress	/) /	Street Address	. 21	
	SWEET K		25 GREEN DR		<u></u>
Shucton	State /	122 8 19	(oneeny////p	State	1200
9. NAMES AND ADDRESSE	S OF THE DIRECTO	RS: ("X" BOX FOR ATT	1000	PACES BEFORE USING	ATTACHMENTS
Director Name	BAFFoni	,	Director Name		
Street Address	0/		Street Address		
25 GREEN DR.	ier Ko				
P. P. 202 4 1/2	State D 1	(3) Q 1 D-	City	State	Zip
Director Name		.J.V. ~ P ~ S	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED ("X ISSUED SHARES	BOX FOR ATTACHME	 (TME
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 eith	her the President, Vice P	resident, Secretary, Assistant	Secretary, Treasurer, Rec	ceiver or Trustee
	. 				
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		 		y, I declare and affirm that I nying schedules and stateme	
\ 2	y 	-	contained herein are tru		
File Date	0.04		Mari	mu	1-13-04
1 7133	۲ ΄		Signature of Officer	0 11 .	Date
Check Nn.			HUGER	BAFFONI	
By:			Print or Type Name of O	ficer 1	
FOR SECRETARY OF S	TATE USE ONLY		The state	secretay	
		_i	Title of Officer	/	Form 630 Rev. 12/03

25 Serrel Sweet Kood

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

3. Street Address Principal Business Office

FOR SECRETARY OF STATE USE ONLY

1. Corporate ID No.

95560

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

R. BAFFONI & SON LANDSCAPING, INC.

401-222-3040

6. SIC Code

RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island To operate A land scaping - construction business. All phases of landscaping 9 Const. includes 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name William R. BAFFONG William Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name William Street Address Zip Director Name Director Name Street Address Street Address City Zip State 2.1p 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUDIORIZIO SHARES ISSUED CHARKS Number of Shares Class/Series Par Value Number of Shores **500 NO PAR VALUE**

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

DAITON Title of Officer Form 630 12/02

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

hat all statements contained herein are true and correct.



(FORM MUST BE TYPED 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 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP FIZAMEREND PASTRUCTIONS

1. Corporate ID No. 2. Name of Corporation 95560 R. BAFFONI & SON LANDSCAPING, INC. 3. Street Address Principal Business Office State Zip Johnston RT 25 Serrel Sweet Road 02919 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-944-3112 2212 RHODE ISLAND 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 Vice President Name William R. Baffoni William R. Baffoni Street Address Street Address 14 Kimberly Court 14 Kimberly Court North Providence RI 02911 North Providence RI 02911 Secretary Name Treasurer Name Roger Baffoni William R. Baffoni Street Address Street Address 25 Serrel Sweet Rd. 14 Kimberly Court RI 02919 Johnston 02911 North Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name William R. Baffoni Street Address * Street Address 14 Kimberly Court . City State Zip North Providence RI 02911 Director Name Street Address Street Address City State Zip City Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES DSUID 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

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.

(FORM MUST BE TYPED IN BLACK).

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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Ferri, 619 - 72/69

1 Copposate ID No 95560	R.Baffon	i & Son Landsca	aping, Inc.		
3. Street Address Frincipal business C			City	State	Zip
<u> 25 Serrel Sweet Rd</u>	•		<u>Johnston</u>	<u> </u>	<u> 1 02919</u> _
Elistness Phone No		S State of Incorporation Rhode 1	 Island		2212
The Description of the Character of To operate a lands	of Business Conducted in caping-const	knode Island ruction. All ph	nases of landscapin	ig & const. indus	try.
	ES OF THE OFFI	CERS ("X" BOX FOR ATE	ACHMENT) DFILL IN SPACE	S BEFORE USING ATTAC	HMENTS
William R. Baffoni			Vice President Name William R. Ba	ffoni	
14 Kimberly Court			14 Kimberly C	Court	
North Providence	RI RI	02911	North Provide	ence RI	02911
Roger Baffoni			William R. Ba	ffoni	
Serrel Sweet Rd	•		Succi Addition 14 Kimberly C	Court	
Johnston	State RT	02919	North Provide	ence RI	02911
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) DFILL IN SPA	CES BEFORE USING ATTA	ACHMENTS
Diecog Name William R. Baffoni			Director Name		
Sirer Address 14 Kimberly Court			Street Address		
Car North Providence	State RI	02911	City	State	Zip
Director Name		<u> </u>	Director Name		
Street Address	<u>.</u>		Street Address		
City	State	Zip	City	State	Z :p
10. SHARES AUTHORIZE) O (-x* box for aft	ACHMENT) 🔽	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	,, <u>, , , , , , , , , , , , , , , , , ,</u>
AUTHORIZED SHARES			ISSUTD SHARES		
Number of Shares	Class/Series	Far Value	Number of Shares	Class/Series '>	Far Value
500		No Par	500	Соттоп	No Par
			. [<u> </u>
This report must be signe	ed in ink by eith	ner the President, Vi	ce President, Secretary, As	ssistant Secretary, Treas	urer, Receiver or Iru
9 - 2 - File Date:	7-01	: : 	this report, include that all statement	perjury, I declare and affire sing any accompanying set s contained herein are true Bollicu	nedules and statements, a

William R. Baffoni

Front or Type Name of Officer
President

Title of Officer



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

TORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. 95560	2. Name of Carporati R. BAFFONI		NG, INC.		
3. Street Address Principal Business	Office		City	State	Zip
25 Serrel Sweet R 4. Business Phone No.	oad	S. State of Incorporation RHODE ISLAND	Johnston	RI	02919 6. SIC Code 2212
7. Brief Description of the Character	of Business Conducted in	Rhode Island			
To operate a lands 8. NAMES AND ADDRESS President Name	-	•	ses of Landscaping & MENT) FILL IN SPACES BEF	const. industr	
William R. Baffoni Succe Address			William R. Baffon Street Address	i	
14 Kimberly Court			14 Kimberly		
North Providence	State RI	^{21p} 02911	North Providence	State RI	02911
Secretary Name Roger Baffoni Street Address	• • •		Treasurer Name William R. Baffon Street Address	i	
25 Serrel Sweet Ro	ad State	Zip	$\frac{14}{cuy}$ Kimberly Court	State	Zip
Johnston 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIRE	02919 CTORS (*x* box for attac	North Providence CHMENT) FILL IN SPACES BI Director Name	RI efore using attach	02911 ments
William R. Baffoni Street Address			Street Address		
14 Kimberly Court	State	Zip	City	State	Zîp
North Providence Director Name	RI	. 02911	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEL AUTHORIZED SHARES	O ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X* B) ISSUED SHARES	OX FOR ATTACHMENT)	
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

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File Date:	1/24/00			
	1512			
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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

Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

Filing Period: Janu	ary 1-March 1 •	Filing Fee: \$50.00	EPORT FOR TH	E 1EAR 1999	PITASI RI ADI
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No. 95560	2. Name of Corporation R. Baffo		dscaping, Inc.	· · ·	.
3. Street Address Principal Busi 25 Serrel S			_{Chy} Johnston	State RI	21p 02919
4. Rusiness Phone No.		5. State of Incorporation Rhode	" Island		6. SIC Code 2212
	acter of Business Conducted in landscaping-c		All phases of I	andscaping &	const. industr
8. NAMES AND ADDI	RESSES OF THE OFFIC	ERS ("X" BOX FOR ATT	ACHMENT)		
President Naime William R. Ba	ffoni		Vice President Name : William R.	Baffoni	
Street Address 14 Kimberly C	ourt		Street Address 14 Kimberly	y Court	
_{GNy} North Provide	nce Rr	02911	ichy North Provider		zir 02911
Secretary Name Roger Baffoni			Treasurer Name William R.	Baffoni	•
Sign Address 25 Serrel Swe	et Road		Street Address 14 Kimberly	/ Court	
Johnston	State RI	02919	_{City} North Provide	State ence RI	^{zip} 02911
9. NAMES AND ADDE Director Name William R. B	RESSES OF THE DIREC	CTORS (*X* BOX FOR A	TTACHMENT) Director Name	•	
Street Address 14 Kimberly			Street Address		
City (State	Zip	City	State	Zip
North Provide Director Name	nce RI	02911	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED (*x* box for attac	HMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares					

	7-7-99	
File Date:	'/-'/-7/	
Check No.:	433	
Ry:	AMF	
•	Y 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

Print or Type Name of Officer President

Title of Officer



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	RE TYPED IN BL	ACK)

1. Corporate ID No.

2. Name of Corporation

95560

R. BAFFONI & SON LANDSCAPING, INC.

3. Street Address Principal Business Office

Zip

25 SERREL SWEET RD

JOHNSTON

R.I.

02919

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

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

14 KIMBERLY COURT

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 Vice President Name WILLIAM R BAFFONI SAME Street Address Street Address

City

City

NO PROV Secretary Name

R.I.

02911

Treasurer Name

State

State

ZIP

SAME Street Address

State

Zip

2.10

210

Street Address

SAME

Zip

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

Director Name

Street Address

WILLIAM R. BAFFONI

14 KIMBERLY COURT

State

City

City

State

Zin

NO PROV Director Name

Street Address

City

R.I.

02911

Director Name

Street Address

City

State

Zip

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

AUTHORIZED) SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ESSUED SHARES Number of Shares

Class/Series

Par Value

500 NO PAR

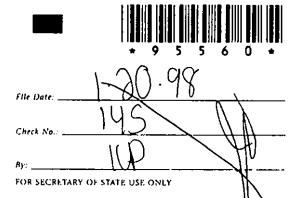
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COMMON

NO PAR

1/8/98

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.

WILLIAM R BAFFONI Print or Type Name of Officer

PRESIDENT Title of Officer