



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 18362		2. Name of Corporation WINDY HILL NURSERIES, INC.			
3. Street Address Principal Business Office 52 West Main Road			City Little Compton	State RI	Zip 02837
4. Business Phone No 401/635-4888		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 Gabriel Faria, Jr.			Vice President Name Gabriel Faria, Jr.		
Street Address 52 West Main Road			Street Address 52 West Main Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Carolyn Faria			Treasurer Name Gabriel Faria, Jr.		
Street Address 52 West Main Road			Street Address 52 West Main Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gabriel Faria, Jr.			Director Name Carolyn Faria		
Street Address 52 West Main Road			Street Address 52 West Main Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM NO PAR VALUE			100	Common	None

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



File Date	1-28-05
Check No.	15050
By:	
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  
Gabriel Faria, Jr.  
Print or Type Name of Officer  
President  
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. <b>18362</b>		2. Name of Corporation <b>WINDY HILL NURSERIES, INC.</b>			
3. Street Address Principal Business Office <b>52 West Main Road</b>		City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	
4. Business Phone No. <b>401/635-4888</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>2212</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>LANDSCAPING</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Gabriel Faria, Jr.</b>			Vice President Name <b>Gabriel Faria, Jr.</b>		
Street Address <b>52 West Main Road</b>			Street Address <b>52 West Main Road</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
Secretary Name <b>Carolyn Faria</b>			Treasurer Name <b>Gabriel Faria, Jr.</b>		
Street Address <b>52 West Main Road</b>			Street Address <b>52 West Main Road</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Gabriel Faria, Jr.</b>			Director Name <b>Carolyn Faria</b>		
Street Address <b>52 West Main Road</b>			Street Address <b>52 West Main Road</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
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>200 COMM NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>None</b>

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



\* 1 8 3 6 2 \*

File Date **1-26-04**  
Check No. **17708**  
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

**Gabriel Faria, Jr.**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **18362**  
2. Name of Corporation **WINDY HILL NURSERIES, INC.**  
3. Street Address Principal Business Office  
**52 West MAIN Rd.**  
4. Business Phone No. **401-635-4888**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**LANDSCAPING**

City **Little Compton** State **RI** Zip **02837**  
6. SIC Code **2212**

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

President Name **GABRIEL FARIA, JR.**  
Street Address **52 West MAIN Rd.**  
City **Little Compton** State **RI** Zip **02837**  
Secretary Name **CAROLYN FARIA**  
Street Address **52 West MAIN Rd.**  
City **Little Compton** State **RI** Zip **02837**

Vice President Name  
Street Address  
City State Zip  
Treasurer Name **GABRIEL FARIA, JR.**  
Street Address **52 West MAIN Rd.**  
City **Little Compton** State **RI** Zip **02837**

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

Director Name **GABRIEL FARIA, JR.**  
Street Address **52 West MAIN Rd.**  
City **Little Compton** State **RI** Zip **02837**  
Director Name **CAROLYN FARIA**  
Street Address **52 West MAIN Rd.**  
City **Little Compton** State **RI** Zip **02837**

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  
**200 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**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



\* 1 8 3 6 2 \*

File Date: **2/3/02**  
Check No.: **17386**  
By: **Shn**

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 **Gabriel Faria** Date **1/31/03**  
Print or Type Name of Officer **GABRIEL FARIA, President**  
Title of Officer **President**



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

Edward S. Inman, III, Secy  
Corporations  
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. 18362 2. Name of Corporation WINDY HILL NURSERIES, INC.

3. Street Address Principal Business Office 52 West Main Road City Little Compton State RI Zip 02837

4. Business Phone No 401-635-4888 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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Gabriel Faria, Jr.</u>	Vice President Name <u>Christopher Faria</u>
Street Address <u>52 West Main Road</u>	Street Address <u>52 West Main Road</u>
City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>	City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>

Secretary Name <u>Carolyn Faria</u>	Treasurer Name <u>Gabriel Faria, Jr.</u>
Street Address <u>52 West Main Road</u>	Street Address <u>52 West Main Road</u>
City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>	City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>

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

Director Name <u>Gabriel Faria</u>	Director Name
Street Address <u>52 West Main Road</u>	Street Address
City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>	City State Zip

Director Name <u>Carolyn Faria</u>	Director Name
Street Address <u>52 West Main Road</u>	Street Address
City <u>Little Compton</u> State <u>RI</u> Zip <u>02837</u>	City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>200 COMM NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>no par value</u>

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



\* 1 8 3 6 2 \*

File Date: 1-16-02

Check No.: 16895

By: \_\_\_\_\_

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 Gabriel Faria, Jr. Date 1/10/02

Print or Type Name of Officer  
Gabriel Faria, Jr.

Title of Officer  
President

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. **18362** 2. Name of Corporation **WINDY HILL NURSERIES, INC.**  
3. Street Address, Principal Business Office **West Main Road** City **Little Compton** State **RI** Zip **02837**  
4. Business Phone No. **401-635-4888** 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) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gabriel Faria, Jr.</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b> Secretary Name <b>Carolyn Faria</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b>	Vice President Name <b>Christopher M. Faria</b> Street Address <b>59 Peckham Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b> Treasurer Name <b>Gabriel Faria</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b>
---	--

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

Director Name <b>Gabriel Faria, Jr.</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b> Director Name <b>Carolyn Faria</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b>	Director Name <b>Carolyn Faria</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b> Director Name <b>Carolyn Faria</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b>
---	--

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**200 SHS NO PAR COM**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>w/out par value</b>

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



\* 1 8 3 6 2 \*

File Date: **1/26**

Check No.: **110410**

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 **Gabriel Faria** Date **1/19/01**

Print or Type Name of Officer

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  
401-222-3046



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. **18362** 2. Name of Corporation **WINDY HILL NURSERIES, INC.**

3. Street Address Principal Business Office  
**West Main Road**

City  
**Little Compton**

State  
**RI**

Zip  
**02837**

4. Business Phone No.  
**401-635-4888**

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name  
**Gabriel Faria, Jr.**

Vice President Name  
**Christopher M. Faria**

Street Address  
**Old Main Road**

Street Address  
**59 Peckham Road**

City  
**Little Compton** State  
**RI** Zip  
**02837**

City  
**Little Compton** State  
**RI** Zip  
**02837**

Secretary Name  
**Carolyn Faria**

Treasurer Name  
**Gabriel Faria, JR.**

Street Address  
**Old Main Road**

Street Address  
**Old Main Road**

City  
**Little Compton** State  
**RI** Zip  
**02837**

City  
**Little Compton** State  
**RI** Zip  
**02837**

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

Director Name  
**Gabriel Faria, Jr.**

Director Name  
**Carolyn Faria**

Street Address  
**Old Main Road**

Street Address  
**Old Main Road**

City  
**Little Compton** State  
**RI** Zip  
**02837**

City  
**Little Compton** State  
**RI** Zip  
**02837**

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

**200 SHS NO PAR COM**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 Common without par value**

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



\* 1 8 3 6 2 \*

File Date: **1/13/00**

Check No.: **15888**

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]** **1/17/00**  
Signature of Officer Date

**Gabriel Faria, Jr.**  
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  
401-222-3040

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. **18362** 2. Name of Corporation **WINDY HILL NURSERIES, INC.**

3. Street Address Principal Business Office

West Main Road  
401-635-4888

City

Little Compton

State

RI

Zip

02837  
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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Gabriel Faria, Jr.

Street Address

Old Main Road

City

Little Compton,

State

RI

Zip

02837

Vice President Name

Christopher M. Faria

Street Address

59 Peckham Road

City

Little Compton

State

RI

Zip

02837

Secretary Name

Carolyn Faria

Street Address

Old Main Road

City

Little Compton

State

RI

Zip

02837

Treasurer Name

Gabriel Faria, Jr.

Street Address

Old Main Road

City

Little Compton

State

RI

Zip

02837

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

Director Name

Gabriel Faria, Jr.

Street Address

Old Main Road

City

Little Compton,

State

RI

Zip

02837

Director Name

Carolyn Faria

Street Address

Old Main Road

City

Little Compton

State

RI

Zip

02837

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

200 SHS NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

without par va

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



\* 1 8 3 6 2 \*

File Date: 1-19-99

Check No.: 15444

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.

Gabriel Faria, Jr. 1/14/99  
Signature of Officer Date

Gabriel Faria, Jr.  
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.

18362

2. Name of Corporation

WINDY HILL NURSERIES, INC.

3. Street Address Principal Business Office

Old Main Road

City

Little Compton

State

RI

Zip

02837

4. Business Phone No.

401-635-4888

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)

President Name

Gabriel Faria, Jr.

Street Address

Old Main Road

City

Little Compton

State

RI

Zip

02837

Vice President Name

Christopher M. Faria

Street Address

59 Peckham Road

City

Little Compton

State

RI

Zip

02837

Secretary Name

Carolyn Faria

Street Address

Old Main Road

City

Little Compton

State

RI

Zip

02837

Gabriel Faria, Jr.

Street Address

Old Main Road

City

Little Compton

State

RI

Zip

02837

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

Director Name

Gabriel Faria, Jr.

Street Address

Old Main Road

City

Little Compton

State

RI

Zip

02837

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

200 SHS NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

without par value

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



\* 1 8 3 6 2 \*

File Date:

18098  
14843  
10P

Check No.:

By:

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.

Gabriel Faria Jr. 1/14/98  
Signature of Officer Date

Gabriel Faria, Jr.

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 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **18362** 2. Name of Corporation **WINDY HILL NURSERIES, INC.**  
3. Street Address Principal Business Office **West Main Road** City **Little Compton** State **Rhode Island** Zip **02837**  
4. Business Phone No. **401 635 4888** 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)**

President Name <b>Gabriel Faria, Jr.</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b> Secretary Name <b>Carolyn Faria</b> Street Address <b>Old Main Road</b> City <b>Little Compton, RI</b> Zip <b>02837</b>	Vice President Name <b>Christopher M. Faria</b> Street Address <b>59 Peckham Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b> Treasurer Name <b>Gabriel Faria, Jr.</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b>
---	---

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

Director Name <b>Gabriel Faria, Jr.</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b> Director Name  Street Address  City State Zip 	Director Name <b>Carolyn Faria</b> Street Address <b>Old Main Road</b> City <b>Little Compton</b> State <b>RI</b> Zip <b>02837</b> Director Name  Street Address  City State Zip 
--	---

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

AUTHORIZED SHARES Number of Shares <b>200 SHS NO PAR COM</b>	ISSUED SHARES Number of Shares <b>100</b>	Class/Series <b>Common</b>	Par Value <b>without Par Value</b>
--	---	-------------------------------	---------------------------------------

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



\* 1 8 3 6 2 \*

File Date: **1/14/97**

Check No.: **14102**

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.

**Gabriel Faria, Jr.** 1/13/97  
Signature of Officer Date

**Gabriel Faria, Jr.**  
Print or Type Name of Officer

**President** 1/13/97  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <b>18362</b>		2. NAME OF CORPORATION <b>WINDY HILL NURSERIES, INC.</b>			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>West Main Road</b>			CITY <b>Little Compton</b>	STATE <b>Rhode Island</b>	ZIP CODE <b>02837</b>
4. BUSINESS PHONE NO. <b>(401) 635-4888</b>		5. STATE OF INCORPORATION <b>RHODE ISLAND</b>			6. SIC CODE <b>2212</b>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>Landscaping</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b>					
PRESIDENT NAME <b>Gabriel Faria, Jr</b>			VICE PRESIDENT NAME <b>Christopher M. Faria</b>		
STREET ADDRESS <b>Old Main Road</b>			STREET ADDRESS <b>59 Peckham Road</b>		
CITY <b>Little Compton</b>	STATE <b>RI</b>	ZIP CODE <b>02837</b>	CITY <b>Little Compton</b>	STATE <b>RI</b>	ZIP CODE <b>02837</b>
SECRETARY NAME <b>Carolyn Faria</b>			TREASURER NAME <b>Gabriel Faria, Jr.</b>		
STREET ADDRESS <b>Old Main Road</b>			STREET ADDRESS <b>Old Main Road</b>		
CITY <b>Little Compton</b>	STATE <b>RI</b>	ZIP CODE <b>02837</b>	CITY <b>Little Compton</b>	STATE <b>RI</b>	ZIP CODE <b>02837</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b>					
DIRECTOR NAME <b>Gabriel Faria Jr.</b>			DIRECTOR NAME <b>Carolyn Faria</b>		
STREET ADDRESS <b>Old Main Road</b>			STREET ADDRESS <b>Old Main Road</b>		
CITY <b>Little Compton</b>	STATE <b>RI</b>	ZIP CODE <b>02837</b>	CITY <b>Little Compton</b>	STATE <b>RI</b>	ZIP CODE <b>02837</b>
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
<b>10. SHARES AUTHORIZED AND ISSUED</b>					
<b>AUTHORIZED SHARES</b>			<b>ISSUED SHARES</b>		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
200 SHS NO PAR COM			100	Common	Without 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.

File Date:

**1/18/96**

Check No:

**13341**

By:

**cc/gp**

For Secretary of State Use Only

Signature of Officer

**Gabriel Faria, Jr.**

Print or Type Name of Officer

**President**

Title of Officer

**1/11/96**

Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0018362

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

WINDY HILL NURSERIES, INC.

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

West Main Road

Little Compton, RI 02837

Brief statement of the character of business conducted in Rhode Island:

Landscaping

Phone: (401) 635-4888

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Gabriel Faria, Jr.	Old Main Road, Little Compton, Rhode Island	02837	
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VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
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Christopher M. Faria	59 Peckham Road, Little Compton, Rhode Island	02837	
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SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
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Carolyn Faria	Old Main Road, Little Compton, Rhode Island	02837	
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TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
-----------	----------------	------------	----------

Gabriel Faria, Jr.	Old Main Road, Little Compton, Rhode Island	02837	
--------------------	---	-------	--

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

Gabriel Faria, Jr.	Old Main Road, Little Compton, Rhode Island	02837	
--------------------	---	-------	--

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

Carolyn Faria	Old Main Road, Little Compton, Rhode Island	02837	
---------------	---	-------	--

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
------	----------------	------------	----------

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
------------------	----------------

200	Common
-----	--------

Without Par Value

Number of Shares	Class / Series
------------------	----------------

100	Common
-----	--------

Without Par Value

Date January 20, 19 95

By: \_\_\_\_\_

Gabriel Faria, Jr.

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed

GABRIEL FARIA, JR.  
OLD MAIN ROAD  
LITTLE COMPTON RI 02837

FILED

JAN 20 1995

9/26/2

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March

Corporate ID: 0018362 Annual Report for the year: 1994

Name of Business Entity: WINDY HILL NURSERIES, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

West Main Road

Little Compton, RI 02837

Phone: ( 401 ) 635-4888

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Gabriel Faria, Jr. President

Old Main Road

Little Compton, RI 02837

Brief statement of the character of business conducted in Rhode Island:  
Landscaping

Date of Organization: March 10, 1974

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Gabriel Faria, Jr. Old Main Road</u>	<u>Little Compton, RI</u>	<u>02837</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>Christopher M. Faria 59 Peckham Road</u>	<u>Little Compton, RI</u>	<u>02837</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	<u>Carolyn Faria Old Main Road</u>	<u>Little Compton, RI</u>	<u>02837</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Gabriel Faria, Jr. Old Main Road</u>	<u>Little Compton, RI</u>	<u>02837</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Gabriel Faria, Jr.</u>	<u>Old Main Road</u>	<u>Little Compton, RI</u>	<u>02837</u>
<u>Carolyn Faria</u>	<u>Old Main Road</u>	<u>Little Compton, RI</u>	<u>02837</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>200</u>	NUMBER	<u>100</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>Without Par Value</u>	PAR VALUE OR WITHOUT PAR	<u>Without Par Value</u>

Date January 31, 1994

By: Gabriel Faria, Jr.

Gabriel Faria, Jr.  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

FILED

FEB 07 1994

By DM 11827

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

11018 9/3.  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018362 Annual Report for the year 1993

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, RI 02837
Carolyn Faria	Director	Old Main Road, Little Compton, RI 02837
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, RI 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, RI 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, RI 02837

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common	<b>PAID</b>	Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	<b>JAN 26 1993</b> <b>SECY OF STATE</b>	Without Par Value

Dated January 22 19 93

WINDY HILL NURSERIES, INC.  
(Name of Corporation)

By Gabriel Faria, Jr.  
Gabriel Faria, Jr.  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

10298  
KCP

Corporate ID 0018852 Annual Report for the year 1992

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, RI 02837
Carolyn Faria	Director	Old Main Road, Little Compton, RI 02837
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, RI 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, RI 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, RI 02837

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common	PAID	Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	SECY OF STATE	Without Par Value

Dated March 11 1992

WINDY HILL NURSERIES, INC.

(Name of Corporation)

By Gabriel Faria, Jr.

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018362 Annual Report for the year 1991

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, RI 02837
Carolyn Faria	Director	Old Main Road, Little Compton, RI 02837
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, RI 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, RI 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, RI 02837

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without Par Value

Dated February 1 19 91

WINDY HILL NURSERIES, INC.

(Name of Corporation)

By Gabriel Faria, Jr.

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0018352 Annual Report for the year 1990

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

<u>Gabriel Faria, Jr.</u>	<u>Director</u>	<u>Old Main Road Little Compton, Rhode Island 02837</u>
<u>Carolyn Faria</u>	<u>Director</u>	<u>Old Main Rd Little Compton Rhode Island 0283</u>
	<u>Director</u>	
<u>Gabriel Faria, Jr.</u>	<u>President</u>	<u>Old Main Rd Little Compton, Rhode Island 0283</u>
	<u>Vice President</u>	
<u>Carolyn Faria</u>	<u>Secretary</u>	<u>Old Main Rd Little Compton, Rhode Island 0283</u>
<u>Gabriel Faria, Jr.</u>	<u>Treasurer</u>	<u>Old Main Rd Little Compton, Rhode Island 0283</u>

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

200

Common

PAID

Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

Common

Without Par Value

Dated February 15 19 90

WINDY HILL NURSERIES, INC.  
(Name of Corporation)

By

Gabriel Faria, Jr.

Title President

(Report must be signed by an officer)



Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

17362

Annual Report for the year 1989

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road Little Compton, R.I. 02837
Carolyn Faria	Director	Old Main Road Little Compton, R.I. 02837
Gabriel Faria, Jr.	President	Old Main Road Little Compton, R.I. 02837
Carolyn Faria	Secretary	Old Main Road Little Compton, R.I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road Little Compton, R.I. 02837

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without Par Value

PAID

MAR 3 1989

Dated: February 15, 1989

WINDY HILL NURSERIES, INC.

(Name of Corporation)

By Gabriel Faria, Jr.  
Gabriel Faria, Jr.  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

10.19

Corporate ID 18362 Annual Report for the year 1988

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Gabriel Faria, Jr.</u>	<u>Director</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
<u>Carolyn Faria</u>	<u>Director</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
	<u>Director</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
<u>Gabriel Faria, Jr.</u>	<u>President</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
	<u>Vice President</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
<u>Carolyn Faria</u>	<u>Secretary</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
<u>Gabriel Faria, Jr.</u>	<u>Treasurer</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>	<u>PAID</u>	<u>Without Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>	<u>PAID</u>	<u>Without Par Value</u>

Dated February 10, 1988

WINDY HILL NURSERIES, INC.

(Name of Corporation)

By Carolyn Faria  
Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 18362 Annual Report for the year 1987

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island  
West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Gabriel Faria, Jr.</u>	<u>Director</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
<u>Carolyn Faria</u>	<u>Director</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
<u>Gabriel Faria, Jr.</u>	<u>President</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
<u>Carolyn Faria</u>	<u>Secretary</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>
<u>Gabriel Faria, Jr.</u>	<u>Treasurer</u>	<u>Old Main Road</u> <u>Little Compton, Rhode Island</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>		<u>Without Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>		<u>Without Par Value</u>

Dated February 18, 1987

WINDY HILL NURSERIES, INC.

(Name of Corporation)

By Gabriel Faria, Jr.

Title President

(Report must be signed by an officer)

PAID

MAR 09 1987

SECY. OF STATE

Par Value  
or statement that  
shares are without  
par value  
JUN 19 1987

**State of Rhode Island and Providence Plantations**CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 18362 Annual Report for the year 1986FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Gabriel Faria, Jr.	Director	Old Main Road Little Compton, R. I. 02837
Carolyn Faria	Director	Old Main Road Little Compton, R. I. 02837
	Director	
Gabriel Faria, Jr.	President	Old Main Road Little Compton, R. I. 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road Little Compton, R. I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road Little Compton, R. I. 02837

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without Par Value

Dated February 28, 1986 WINDY HILL NURSERIES, INC.  
(Name of Corporation)By Gabriel Faria, Jr.  
Title President

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1985

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road Little Compton, R. I. 02837
Carolyn Faria	Director	Old Main Road Little Compton, R. I. 02837
	Director	
Gabriel Faria, Jr.	President	Old Main Road Little Compton, R. I. 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road Little Compton, R. I. 02937
Gabriel Faria, Jr.	Treasurer	Old Main Road Little Compton, R. I. 02837

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without Par Value

Dated: January

1985

WINDY HILL NURSERIES, INC.

(Name of Corporation)

By

*Gabriel Faria, Jr.*  
Gabriel Faria, Jr.

Title

President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) West Main Road, Little Compton, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road Little Compton, R. I. 02837
Carolyn Faria	Director	Old Main Road Little Compton, R. I. 02837
	Director	
Gabriel Faria, Jr.	President	Old Main Road Little Compton, R. I. 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road Little Compton, R. I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road Little Compton, R. I. 02837

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without Par Value

Dated: January 1985

WINDY HILL NURSERIES, INC.

(Name of Corporation)

By *Gabriel Faria, Jr.*  
Gabriel Faria, Jr.

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

1983

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

WINDY HILL NURSERIES, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Windy Hill Nurseries, Inc.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: The address of its registered office in Rhode Island is

West Main Road, Little Compton, Rhode Island 02837

and the name of its registered agent in Rhode Island at such address is

Gabriel Faria, Jr.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is landscaping.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road Little Compton, R. I. 02837
Carolyn Faria	Director	Old Main Road Little Compton, R. I. 02837
	Director	
	Director	
	Director	
Gabriel Faria, Jr.	President	Old Main Road Little Compton, R. I. 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road Little Compton, R. I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road Little Compton, R. I. 02837

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
200	Common	3 -9 C3	Without Par Value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

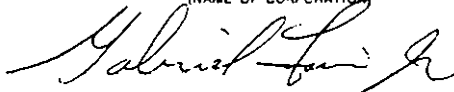
<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	Par Value per Share or Statement that Shares are without ____ Par Value ____
100	Common		Without Par Value

Dated February 18, ,19 83

WINDY HILL NURSERIES, INC.

(NAME OF CORPORATION)

By



President



Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1982

FIRST: The name of the corporation is Windy Hill Nurseries, Inc.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is landscaping

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) West Main Road, Little Compton, Rhode Island 02837

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road Little Compton, R. I. 02837
Carolyn Faria	Director	Old Main Road Little Compton, R. I. 02837
	Director	
Gabriel Faria, Jr.	President	Old Main Road Little Compton, R. I. 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road Little Compton, R. I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road Little Compton, R. I. 02837

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	12	Without Par Value

Dated: December 3, 1982

WINDY HILL NURSERIES, INC.  
(Name of Corporation)

By *Gabriel Faria, Jr.*  
Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

WINDY HILL NURSERIES, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Windy Hill Nurseries, Inc.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
West Main Road, Little Compton, Rhode Island 02837  
and the name of its registered agent in Rhode Island at such address is  
Gabriel Faria, Jr.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is landscaping.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road Little Compton, R. I. 02837
Carolyn Faria	Director	Old Main Road Little Compton, R. I. 02837
	Director	
	Director	
	Director	
Gabriel Faria, Jr.	President	Old Main Road Little Compton, R. I. 02837
	Vice President	
Carolyn Faria	Secretary	Old Main Road Little Compton, R. I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road Little Compton, R. I. 02837

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
200	Common		Without Par Value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common		Without Par Value

Dated February 18, ,19 82

WINDY HILL NURSERIES, INC.  
(NAME OF CORPORATION)

By

*Gabriel Lavin Jr.*

Its President

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT  
OF

WINDY HILL NURSERIES, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is  
OLD MAIN ROAD, LITTLE COMPTON, RHODE ISLAND 02837  
and the name of its registered agent in Rhode Island at such address is  
GABRIEL FARIA, Jr.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is All types of Nursery Plants & Trees used for Landscaping

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, R.I.
Carolyn Faria,	Director	Old Main Road, Little Compton, R.I.
	Director	
	Director	
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, R.I.
	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, R.I.
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, R.I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
200	Common	A	No Par Value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	Common	A.	No Par Value

Dated June 11, 19 81

Windy Hill Nurseries, Inc.  
(NAME OF CORPORATION)

By/

*Carabyn Laria*

its Secretary

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

**Windy Hill Nurseries, Inc.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is **Windy Hill Nurseries, Inc.**

SECOND: It is incorporated under the laws of **Rhode Island**

THIRD: The address of its registered office in Rhode Island is

**Old Main Road, Little Compton, R.I. 02837**

and the name of its registered agent in Rhode Island at such address is

**Gabriel Faria, Jr.**

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is **The growing and selling of Nursery Stock, Plants and trees.**

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, R.I.
Carolyn Faria,	Director	Old Main Road, Little Compton, R.I.
Louise Faria	Director	Peckham Road, Little Compton, R.I.
	Director	
	Director	
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, R.I.
	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, R.I.
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, R.I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	A	N.P.V.

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common	A	N.P.V

Dated April 10, 19 81

Windy Hill Nurseries, Inc.  
(NAME OF CORPORATION)

By /

*Carolyn Lania*

Its Secretary

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT  
OF**

**WINDY HILL NURSERIES, INC.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is **WINDY HILL NURSERIES, INC.**

SECOND: It is incorporated under the laws of **RHODE ISLAND**

THIRD: The address of its registered office in Rhode Island is  
**OLD MAIN ROAD, LITTLE COMPTON, R. I. 02837**

and the name of its registered agent in Rhode Island at such address is  
**Gabriel Faria, Jr.**

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is **To engage in all types of nursery and landscaping landscape design etc.**

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, R. I. 02837
Carolyn Faria	Director	Old Main Road, Little Compton, R. I. 02837
	Director	
	Director	
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, R. I. 02837
none	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, R. I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, R. I. 02837

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	10 - 3 80	Series	Par Value per Share or Statement that Shares are without Par Value
200	Common		A	No Par Value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
200	Common	A.	No Par Value

Dated Sept. 15. , 19 80

Windy Hill Nurseries, Inc.

(NAME OF CORPORATION)

By/

*Carolyn Laria*

Its Secretary

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

#### OF

Windy Hill Nurseries, Inc.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Windy Hill Nurseries, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is Old Main Road,  
Little Compton, R. I. 02837  
and the name of its registered agent in Rhode Island at such address is  
James Holland

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is A Nursery

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, R. I.
Carolyn Faria	Director	Old Main Road, Little Compton, R.I.
Louise Faria	Director	Old Main Road, Little Compton, R.I.
	Director	
	Director	
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, R.I.
none	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, R.I.
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, R.I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	N.P.V.	Common	No Par Value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common	A.	NoPar Value

Dated April 2,

, 1979

Windy Hill Nurseries, Inc.

(NAME OF CORPORATION)

X By

*Carolyn Faria*

Its Secretary

Filing fee: \$15.00

1978

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT**  
**OF**

**Windy Hill Nurseries, Inc.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Windy Hill Nurseries, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

Old Main Road, Little Compton, Rhode Island 02837

and the name of its registered agent in Rhode Island at such address is

Mr. Gabriel Faria, Jr.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Landscaping & Nursery

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, R.I. 02837
Carolyn Faria	Director	Old Main Road, Little Compton, R.I. 02837
James E. Holland	Director	80 Main Road, Tiverton, R.I. 02878
	Director	
	Director	
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, R.I. 02837
none	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, R.I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, R.I. 02837

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	A	N.P.V.

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common	A	N.P.V.

Dated December 12, 1977

Windy Hill Nurseries, Inc.

(NAME OF CORPORATION)

By /

*Carolyn Laria*

Its Secretary

SEC 20-77 55 15.00

1977

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
OFFICE OF THE SECRETARY OF STATE  
ANNUAL REPORT  
OF

**WINDY HILL NURSERIES, INC.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is  
Old MAIN ROAD, LITTLE COMPTON, RHODE ISLAND 02837  
and the name of its registered agent in Rhode Island at such address is  
Mr. Gabriel Faria, Jr.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Landscaping & Nursery

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Gabriel Faria, Jr.	Director	Old Main Road, Little Compton, R. I. 02837
Carolyn Faria	Director	Old Main Road, Little Compton, R. I. 02837
James B. Holland, Jr.	Director	80 Main Road, Tiverton, R. I. 02878
	Director	
	Director	
Gabriel Faria, Jr.	President	Old Main Road, Little Compton, R. I. 02837
none	Vice President	
Carolyn Faria	Secretary	Old Main Road, Little Compton, R. I. 02837
Gabriel Faria, Jr.	Treasurer	Old Main Road, Little Compton, R. I. 02837

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	A	N.P.V.

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common	A	N.P.V.

Dated Dec. 12, , 19 77

Windy Hill Nurseries, Inc.  
(NAME OF CORPORATION)

By *Carolyn Loria*  
Its Secretary

REC-20-77-51, 1977 15.00

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

**WINDY HILL NURSERIES, INC.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is **WINDY HILL NURSERIES, INC.**

SECOND: It is incorporated under the laws of **RHODE ISLAND**

THIRD: The address of its registered office in Rhode Island is  
**OLD MAIN ROAD, LITTLE COMPTON, RHODE ISLAND 02837**

and the name of its registered agent in Rhode Island at such address is  
**GABRIEL FARIA, JR.**

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is **NURSERY & LANDSCAPING**

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
GABRIEL FARIA, JR.	Director	OLD MAIN ROAD, LITTLE COMPTON, R. I.
CAROLYN FARIA	Director	OLD MAIN ROAD, LITTLE COMPTON, R. I.
Louise Faria	Director	Peckham Road, Little Compton, R. I.
	Director	
	Director	
	Director	
GABRIEL FARIA, JR.	President	OLD MAIN ROAD, LITTLE COMPTON, R. I.
	Vice President	
CAROLYN FARIA	Secretary	OLD MAIN ROAD, LITTLE COMPTON, R. I.
GABRIEL FARIA, JR.	Treasurer	OLD MAIN ROAD, LITTLE COMPTON, R. I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	A.	N.P.V.

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common	A.	N.P.V.

Dated Jan. 14, , 1977

Windy Hill Nurseries, Inc.  
(NAME OF CORPORATION)

By *✓ C. F. Carolyn Lucia*  
Its Secretary

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

WINDY HILL NURSERIES, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is WINDY HILL NURSERIES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is OLD MAIN ROAD, LITTLE COMPTON, RHODE ISLAND 02837

and the name of its registered agent in Rhode Island at such address is

GABRIEL FARIA, JR.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is LANDSCAPING & NURSERY

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
GABRIEL FARIA, JR.	Director	OLD MAIN ROAD, LITTLE COMPTON, R. IL 02837
CAROLYN FARIA, JR.	Director	OLD MAIN ROAD, LITTLE COMPTON, R. I. 02837
	Director	
	Director	
	Director	
	Director	
GABRIEL FARIA, JR.	President	OLD MAIN ROAD, LITTLE COMPTON, R. I. 02837
	Vice President	
CAROLYN FARIA, JR.	Secretary	OLD MAIN ROAD, LITTLE COMPTON, R. I. 02837
GABRIEL FARIA, JR.	Treasurer	OLD MAIN ROAD, LITTLE COMPTON, R. I. 02837

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	A	n.p.v.

SEP 27 1976

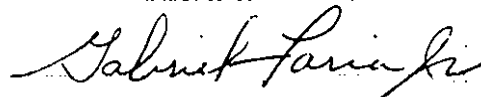
EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	common	A	n.p.v.

Dated Sept. 15, , 19 76

Windy Hill Nurseries, Inc.  
(NAME OF CORPORATION)

By



Its Treasurer

SEP 27 76 3:00 PM 775 184 \*\*15.00