



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main St
Providence, RI 02903-1141
461 222 31

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. 124468		2. Name of Corporation PROSCAPE LANDSCAPING MANAGEMENT, CORP.		
3. Street Address Principal Business Office 250 Beachwood Drive		City E. Greenwich	State RI	Zip 02818
4. Business Phone No. 401-884-8109		5. State of Incorporation RHODE ISLAND		6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT LANDSCAPING BUSINESS, TO PROVIDE LAWN AND GROUND MAINTENANCE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John Pontarelli, JR.		Vice President Name		
Street Address 12 Palm Beach Ave		Street Address		
City Narragansett	State RI	Zip 02882	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name John Pontarelli, Jr.		Director Name		
Street Address 12 Palm Beach Avenue		Street Address		
City Narragansett	State RI	Zip 02882	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE			500	Common
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

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



File Date 3-1-05
Check No 11197
By: ca
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.

John Pontarelli, JR. 2-25-05
Signature of Officer Date
John Pontarelli
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 02903-13
401.222.30

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. 124468		2. Name of Corporation PROSCAPE LANDSCAPING MANAGEMENT CORP.		
3. Street Address Principal Business Office 250 Beachwood Drive		City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 828-5488		5. State of Incorporation Rhode Island RHODE ISLAND		6. SIC Code 2212

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT LANDSCAPING BUSINESS, TO PROVIDE LAWN AND GROUND MAINTENANCE

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

President Name John A. Pontarelli			Vice President Name		
Street Address 250 Beachwood Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name John A. Pontarelli			Director Name		
Street Address 250 Beachwood Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			500	common	0

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



* 1 2 4 4 6 8 *

File Date 2/17/04
Check No. 5485
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] 2-11-04
Signature of Officer Date
John Pontarelli
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **124468** 2. Name of Corporation **PROSCAPE LANDSCAPING MANAGEMENT, CORP.**
3. Street Address Principal Business Office **250 Beachwood Drive** City **East Greenwich** State **RI** Zip **02818**
4. Business Phone No **828-5488** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**
7. Brief Description of the Character of Business Conducted in Rhode Island **to provide lawn and ground maintenance, seed, fertilize, sod, mulch**

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

President Name John A. Pontarelli	Vice President Name
Street Address 250 Beechwood Drive	Street Address
City East Greenwich State RI Zip 02818	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name John A. Pontarelli	Director Name
Street Address 250 Beechwood Drive	Street Address
City East Greenwich State RI Zip 02818	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	common	0

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



* 1 2 4 4 6 8 *

File Date: 7-18-03
Check No.: 0273
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 the statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 6/4/03
Name or Type Name of Officer: John Pontarelli
Title of Officer: President