



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 132769		2. Name of Corporation Fieldstone Gardens, Inc.	
3. Street Address Principal Business Office 59 Peckham Road		City Little Compton	State RI
4. Business Phone No. 401-635-2558		5. State of Incorporation Rhode Island	6. SIC Code 6882

7. Brief Description of the Character of Business Conducted in Rhode Island
Landscape design, services and products

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

President Name Christopher M. Faria			Vice President Name Dulce C. Faria		
Street Address 59 Peckham Road			Street Address 59 Peckham Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Christopher M. Faria			Treasurer Name Christopher M. Faria		
Street Address 59 Peckham Road			Street Address 59 Peckham 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 () FILE IN SPACES BEFORE USING ATTACHMENTS

Director Name Christopher M. Faria			Director Name Dulce C. Faria		
Street Address 59 Peckham Road			Street Address 59 Peckham Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name Christopher M. Faria			Director Name Dulce C. Faria		
Street Address 59 Peckham Road			Street Address 59 Peckham Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	NPV	1000	Common	NPV

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

File Date: 9/2/05
Check No.: 1838
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] 8-31-05
Signature of Officer Date
Christopher M. Faria
Print or Type Name of Officer
President
Title of Officer



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8. NAMES AND ADDRESSES OF THE OFFICERS (X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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Street Address 59 Peckham Road			Street Address 59 Peckham Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
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Number of Shares			Class/Series		
Par Value			Par Value		
1000	Common	NPV	1000	Common	NPV
11. SHARES ISSUED (X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
1000	Common	NPV	1000	Common	NPV

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.

Christopher M. Faria 8-20-04
Signature of Officer Date

Christopher M. Faria

Print or Type Name of Officer

President

Title of Officer

RECEIVED
File Date
AUG 23 2004
Check No.
By
FOR SECRETARY OF STATE USE ONLY