



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |  |                                     |              |                     |
|--|--------------|--|-------------------------------------|--------------|---------------------|
| 1. Corporate ID No.<br>8270  |              | 2. Name of Corporation<br>Douglas Landscaping Inc. |                                     |              |                     |
| 3. Street Address Principal Business Office<br>14 CARL AVE   |              | City<br>NO PROU                                    | State<br>R.I.                       | Zip<br>02904 |                     |
| 4. Business Phone No.<br>353-3691  |              | 5. State of Incorporation<br>RHODE ISLAND          |                                     |              | 6. SIC Code<br>2212 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>GENERAL LAWN MAINTENANCE                            |              |  |                                     |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |                                     |              |                     |
| President Name<br>ROBERT C FERRY   |              |  | Vice President Name<br>Same as Pres |              |                     |
| Street Address<br>14 CARL AVE  |              |  | Street Address                      |              |                     |
| City<br>NO. PROU   | State<br>RI  | Zip<br>02904                                       | City                                | State        | Zip                 |
| Secretary Name<br>BARBARA A FERRY  |              |  | Treasurer Name<br>Same as Pres.     |              |                     |
| Street Address<br>14 CARL AVE  |              |  | Street Address                      |              |                     |
| City<br>NO. PROU   | State<br>RI  | Zip<br>02904                                       | City                                | State        | Zip                 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |  |                                     |              |                     |
| Director Name<br>Same as Pres.   |              |  | Director Name<br>Same as Pres.      |              |                     |
| Street Address   |              |  | Street Address                      |              |                     |
| City   | State        | Zip  | City                                | State        | Zip                 |
| Director Name<br>Same as Pres.   |              |  | Director Name<br>Same as Pres.      |              |                     |
| Street Address   |              |  | Street Address                      |              |                     |
| City   | State        | Zip  | City                                | State        | Zip                 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |  |                                     |              |                     |
| AUTHORIZED SHARES  |              |  |                                     |              |                     |
| Number of Shares   | Class/Series | Par Value  | Number of Shares                    | Class/Series | Par Value           |
| 600 COMM NO PAR VALUE  |              |  | 1000 (1000)                         | NO PAR 0     | 0                   |
| 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           |
|  |              |  |                                     |              |                     |

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.                       | 3395    |
| By:                             | DA      |
| FOR SECRETARY OF STATE USE ONLY |         |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer  
Robert C Ferry  
Print or Type Name of Officer  
Robert C Ferry  
Title of Officer  
Pres.  
Date  
1/2/05



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

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |  |   |              |                     |
|--|--------------|--|---|--------------|---------------------|
| 1. Corporate ID No.<br>8270  |              | 2. Name of Corporation<br>Douglas Landscaping Inc. |   |              |                     |
| 3. Street Address Principal Business Office<br>14 Canal Ave.   |              |  | City<br>Wob. Prov   | State<br>RI  | Zip<br>02904        |
| 4. Business Phone No.<br>353-7420  |              | 5. State of Incorporation<br>RHODE ISLAND          |   |              | 6. SIC Code<br>2212 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>GENERAL LAWN MAINTENANCE                            |              |  |   |              |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |   |              |                     |
| President Name<br>ROBERT FERRY   |              |  | Vice President Name   |              |                     |
| Street Address<br>14 Canal Ave   |              |  | Street Address  |              |                     |
| City<br>Wob. Prov  | State<br>RI  | Zip<br>02904                                       | City  | State        | Zip                 |
| Secretary Name<br>BARBARA FERRY  |              |  | Treasurer Name  |              |                     |
| Street Address<br>14 Canal Ave   |              |  | Street Address<br>SAME  |              |                     |
| City<br>Wob. Prov  | State<br>RI  | Zip<br>02904                                       | City  | State        | Zip                 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |  |   |              |                     |
| Director Name  |              |  | Director Name   |              |                     |
| Street Address   |              |  | Street Address  |              |                     |
| City   | State        | Zip  | City  | State        | Zip                 |
| Director Name<br>SAME  |              |  | Director Name<br>SAME   |              |                     |
| 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           |
| 600 COMM NO PAR VALUE  |              |  | 600   | Comm         | none                |

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



\* 8 2 7 0 \*

File Date 12-30-03  
Check No. 3026  
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 Robert C Ferry 12/28/03  
Date  
Print or Type Name of Officer ROBERT C FERRY  
Title of Officer PRES.



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

Edward S. Inman, III, Secretary of Sta.  
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

8270

2. Name of Corporation

Douglas Landscaping Inc.

3. Street Address Principal Business Office

14 Carl Ave

City

No Prov

State

R.I

Zip

02904

4. Business Phone No.

353-7420

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

ROBERT FERRY

Street Address

14 Carl Ave

City

No Prov

State

R.I

Zip

02904

Secretary Name

BARBARA FERRY

Street Address

14 Carl Ave

City

No Prov

State

R.I

Zip

02904

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

ROBERT FERRY

Street Address

14 Carl Ave

City

No Prov

State

R.I

Zip

02904

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600

Comm

NONE

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



\* 8 2 7 0 \*

File Date: 1-14-03

Check No.: 2755

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: [Signature] Date: 1/12/03

Print or Type Name of Officer: ROBERT C FERRY

Title of Officer: PRES.



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

8270

2. Name of Corporation

Douglas Landscaping Inc.

3. Street Address Principal Business Office

14 CARL AVE

City

NO PROU

State

R. I.

Zip

02904

4. Business Phone No

353-7420

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

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

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

President Name

ROBERT FERRY

Vice President Name

Street Address

14 CARL AVE

Street Address

City

NO PROU

State

RI

Zip

02904

City

State

Zip

Secretary Name

BARBARA FERRY

Treasurer Name

SAME AS PRES

Street Address

14 CARL AVE

Street Address

City

NO. PROU

State

RI

Zip

02904

City

State

Zip

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

SAME AS PRES

Director Name

SAME AS PRES.

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

600 COMM NO PAR VALUE

NO par  
value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

-0- -0- -0-

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



\* 8 2 7 0 \*

General Landscaping Inc. -  
netting - road - house approx. 1/16/02

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.

Robert C Ferry 1/16/02  
Signature of Officer Date

ROBERT C FERRY  
Print or Type Name of Officer

PRES.  
Title of Officer

File Date 2-4-02 2571

Check No. 2

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

FOR SECRETARY OF STATE USE ONLY



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

2001

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 8270

2. Name of Corporation Douglas Landscaping Inc.

3. Street Address Principal Business Office

City

State

Zip

14 CARL Ave

No. Prov

R.I

02904

4. Business Phone No.

5. State of Incorporation RHODE ISLAND

6. SIC Code 2212

353-7420

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

LAWN CUTTING mulching

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

ROBERT C FERRY

SAME AS Pres.

Street Address

Street Address

14 CARL Ave

City

State

Zip

City

State

Zip

No. Prov RI

02904

Secretary Name

Treasurer Name

BARBARA FERRY

SAME AS PRES.

Street Address

Street Address

14 CARL Ave

City

State

Zip

City

State

Zip

No Prov RI

02904

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

NONE

NONE

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

600 SHS NO PAR COM

NOPAR

NONE

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



\* 8 2 7 0 \*

File Date: 2/28 2419

Check No.: 2

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.

Robert C Ferry 2/25/01  
Signature of Officer Date

ROBERT C FERRY  
Print or Type Name of Officer

Pres.  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **8270** 2. Name of Corporation **Douglas Landscaping Inc.**

3. Street Address Principal Business Office

**14 CARL AVENUE**

City **NORTH PROVIDENCE** State **R.I.**

Zip **02904-5304**  
6. SIC Code **2212**

4. Business Phone No.

**401-353-7420**

5. State of Incorporation  
**RHODE ISLAND**

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

**GENERAL LAWN MAINTENANCE**

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**ROBERT C. FERRY**

Vice President Name

**ROBERT C. FERRY**

Street Address

Street Address

**SAME AS ABOVE**

**SAME AS ABOVE**

City

State

Zip

City

State

Zip

Secretary Name

**BARBARA A. FERRY**

Treasurer Name

**ROBERT C. FERRY**

Street Address

Street Address

**SAME AS ABOVE**

**SAME AS ABOVE**

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

**ROBERT C. FERRY**

Director Name

Street Address

Street Address

**SAME AS ABOVE**

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

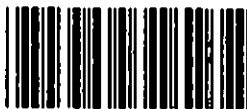
Class/Series

Par Value

**600 SHS NO PAR COM**

**-0-**

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



\* 8 2 7 0 \*

File Date: **3/2/00**

Check No: **2191**

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

**Barbara A. Ferry**

Print or Type Name of Officer

**Secretary**

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.<br><b>8270</b>  |                    | 2. Name of Corporation<br><b>Douglas Landscaping Inc.</b> |                    |
| 3. Street Address Principal Business Office<br><b>14 CARL AVE</b>   |                    | City<br><b>NO. PROV</b>                                   | State<br><b>RI</b> |
| 4. Business Phone No.<br><b>353-7420</b>  |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>          |                    |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>LANDSCAPING</b>               |                    | 6. SIC Code<br><b>2212</b>                                |                    |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>  |                    |   |                    |
| President Name<br><b>ROBERT C FERRY</b>   |                    | Vice President Name<br><b>Robert C Ferry</b>              |                    |
| Street Address<br><b>14 CARL AVE</b>  |                    | Street Address<br><b>Same as above</b>                    |                    |
| City<br><b>NO PROV</b>  | State<br><b>RI</b> | City<br><b>NO PROV</b>                                    | State<br><b>RI</b> |
| Zip<br><b>02904</b>   |                    | Zip<br><b>02904</b>                                       |                    |
| Secretary Name<br><b>BARBARA A FERRY</b>  |                    | Treasurer Name  |                    |
| Street Address<br><b>14 CARL AVE</b>  |                    | Street Address  |                    |
| City<br><b>NO PROV</b>  | State<br><b>RI</b> | City  | State              |
| Zip<br><b>02904</b>   |                    | Zip   |                    |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b> |                    |   |                    |
| Director Name<br><b>Robert Ferry</b>  |                    | Director Name<br><b>Robert Ferry</b>                      |                    |
| Street Address<br><b>Same as above</b>  |                    | Street Address<br><b>Same as above</b>                    |                    |
| City<br><b>NO PROV</b>  | State<br><b>RI</b> | City<br><b>NO PROV</b>                                    | State<br><b>RI</b> |
| Zip<br><b>02904</b>   |                    | Zip<br><b>02904</b>                                       |                    |
| Director Name   |                    | Director Name   |                    |
| Street Address  |                    | Street Address  |                    |
| City  | State              | City  | State              |
| Zip   |                    | Zip   |                    |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  |                    |   |                    |
| AUTHORIZED SHARES   |                    |   |                    |
| Number of Shares<br><b>600 SHS NO PAR COM</b>   | Class/Series       | Par Value   |                    |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  |                    |   |                    |
| ISSUED SHARES   |                    |   |                    |
| Number of Shares<br><b>0</b>  | Class/Series       | Par Value   |                    |

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



File Date: **04-05-99**

Check No.: **1902**

By: **JD**

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: **Robert C Ferry** Date: **3/11/99**

Print or Type Name of Officer: **ROBERT C FERRY**

Title of Officer: **Pres.**



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.

2. Name of Corporation

3. Street Address Principal Business Office **Douglas Landscaping Inc.**

City

State

Zip

**14 CARL AVE**

**NO. PROV**

**R.I.**

**02904**

4. Business Phone No.

5. State of Incorporation

6. SIC Code

**353-7420**

**RHODE ISLAND**

**2212**

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

**LAWN CUTTING**

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

President Name

Vice President Name

**ROBERT FERRY**

**SAME AS PRES.**

Street Address

Street Address

**14 CARL AVE**

City

State

Zip

City

State

Zip

**NO. PROV**

**R.I.**

**02904**

Secretary Name

Treasurer Name

**BARBARA FERRY**

**SAME AS PRES.**

Street Address

Street Address

**14 CARL AVE**

City

State

Zip

City

State

Zip

**NO. PROV**

**R.I.**

**02904**

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

Director Name

Director Name

**none**

**none**

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

**600 SHS NO PAR COM**

**0**

**0**

**0**

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



**1198**

File Date: **12/17/97**

Check No.: **1594**

By: **ICP**

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.

**Robert C Ferry**

**12/17/97**

Signature of Officer

Date

**ROBERT C FERRY**

Print or Type Name of Officer

**PRES.**

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.

8270

2. Name of Corporation

Douglas Landscaping Inc.

3. Street Address Principal Business Office

14 Carl Avenue

City

North Providence

State

R. I.

Zip

02904

4. Business Phone No.

401-353-7420

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

Robert C. Ferry

Street Address

same as above

City

State

Zip

Vice President Name

Robert C. Ferry

Street Address

same as above

City

State

Zip

Secretary Name

Barbara A. Ferry

Street Address

same as above

City

State

Zip

Treasurer Name

Robert C. Ferry

Street Address

same as above

City

State

Zip

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

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR COM

ISSUED SHARES

Number of Shares

Class/Series

Par Value

None

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



\* 8 2 7 0 \*

File Date:

3-13-97

Check No.:

04-826562260

By:

10P

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.

Robert C. Ferry

Signature of Officer

3/1/97

Date

Robert C. Ferry

Print or Type Name of Officer

President

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<br><b>8270</b>                                  |                     | 2. NAME OF CORPORATION<br><b>Douglas Landscaping Inc.</b>   |                     |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br><b>14 CARL AVE.</b> |                     | CITY<br><b>NO. PROV</b>   | STATE<br><b>R.I</b> |
| 4. BUSINESS PHONE NO<br><b>353-7420</b>                            |                     | 5. STATE OF INCORPORATION<br><b>RHODE ISLAND</b>  |                     |
| 6. SIC CODE<br><b>2212</b>   |                     | 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND<br><b>LANDSCAPING GRASS CUTTING</b> |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS                             |                     |   |                     |
| PRESIDENT NAME<br><b>ROBERT C FERRY</b>                            |                     | VICE PRESIDENT NAME<br><b>Robert C Ferry</b>  |                     |
| STREET ADDRESS<br><b>14 CARL AVE</b>                               |                     | STREET ADDRESS<br><b>← Same</b>   |                     |
| CITY<br><b>NO-PROV</b>   | STATE<br><b>R.I</b> | ZIP CODE<br><b>02904</b>  |                     |
| SECRETARY NAME<br><b>BARBARA A FERRY</b>                           |                     | TREASURER NAME<br><b>Robert C Ferry</b>   |                     |
| STREET ADDRESS<br><b>14 CARL AVE</b>                               |                     | STREET ADDRESS  |                     |
| CITY<br><b>NO-PROV</b>   | STATE<br><b>RI</b>  | ZIP CODE<br><b>02904</b>  |                     |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS                            |                     |   |                     |
| DIRECTOR NAME  |                     | DIRECTOR NAME   |                     |
| STREET ADDRESS   |                     | STREET ADDRESS  |                     |
| CITY   | STATE               | ZIP CODE  |                     |
| DIRECTOR NAME  |                     | DIRECTOR NAME   |                     |
| STREET ADDRESS   |                     | STREET ADDRESS  |                     |
| CITY   | STATE               | ZIP CODE  |                     |
| 10. SHARES AUTHORIZED AND ISSUED                                   |                     |   |                     |
| AUTHORIZED SHARES  |                     |   | ISSUED SHARES       |
| NUMBER OF SHARES   | CLASS / SERIES      | PAR VALUE   |                     |
| <b>600 SHS NO PAR COM</b>  |                     |   |                     |
|  |                     |   |                     |
|  |                     |   |                     |

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:

**11/16/96**

Check No:

**1349**

Signature of Officer

**Robert C Ferry**

**ROBERT C FERRY**  
Print or Type Name of Officer

**Pres.**  
Title of Officer

**11/12/96**  
Date

of State Use Only



**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.**

Corporate ID: 0005270 Annual Report for the year: 1995

Name of Corporation: Douglas Landscaping Inc.

Business entity organized under the laws of the State of R.I.

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):

14 Carl Avenue

North Providence, R.I. 02904

Phone: 401-353-7420

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

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

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

General lawn care service

(Cutting, trimming, sod.)

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT: Robert C. Ferry STREET ADDRESS: 14 Carl Ave. CITY/STATE: No. Prov, R.I. ZIP CODE: 02904

VICE PRESIDENT: same as above STREET ADDRESS: CITY/STATE: ZIP CODE:

SECRETARY: Barbara A. Ferry STREET ADDRESS: 14 Carl Ave. CITY/STATE: No. Prov. R.I. ZIP CODE: 02904

TREASURER: Robert C. Ferry STREET ADDRESS: 14 Carl Ave. CITY/STATE: No. Prov. R.I. ZIP CODE: 02904

**THE NAMES OF THE DIRECTORS ARE:**

NAME: Robert C. Ferry STREET ADDRESS: 14 Carl Ave. CITY/STATE: No. Prov. R.I. ZIP CODE: 02904

NAME: " STREET ADDRESS: CITY/STATE: ZIP CODE:

NAME: " STREET ADDRESS: CITY/STATE: ZIP CODE:

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

600 no par value

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

Number of Shares Class / Series

None

Date: Jan. 29, 1995

BY: Barbara A. Ferry  
PRINT OR TYPE NAME OF OFFICER SIGNING  
TITLE OF OFFICER SIGNING: Secretary

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.

ROBERT C. FERRY  
14 CARL AVENUE  
NO. PROVIDENCE RI 02904

**FILED**  
FEB 28 1995  
By Mesa #1097

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 1

Corporate ID. 0008270 Annual Report for the year 1994

Name of Business Entity Douglas Landscaping Inc.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone [REDACTED]

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

14 Carl Ave.

No. Prov R.I.

Phone (353) - 7420

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.

Robert Ferry Pres.

14 Carl Ave

No. Prov R.I. 02904

353-7420

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

Lawncare, planting, shrubs

Date of Organization 10 yrs 4/1/84

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

THE NAMES OF THE OFFICERS ARE:

☒ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check one)

ROBERT FERRY 14 Carl Ave No. Prov RI 02904

☐ CHIEF FINANCIAL OFFICER OR ☐ SECRETARY (Check one)

BARBARA A FERRY 14 Carl Ave No. Prov RI 02904

☐ CHIEF FINANCIAL OFFICER OR ☐ SECRETARY (Check one)

BARBARA A FERRY 14 Carl Ave No. Prov RI 02904

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 660

CLASS

SERIES Com

PAR VALUE OR

WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR

WITHOUT PAR

Date 1/31/ 1994

By Robert Ferry

ROBERT FERRY  
PRINT OR TYPE NAME OF OFFICER SIGNING

Pres.  
TITLE OF OFFICER SIGNING

FILED

FEB 15 1994

PC 580

Form 91 1994

By DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

ROBERT C. FERRY  
14 CARL AVENUE  
N. PROVIDENCE RI 02904

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 0005270

Annual Report for the year 1993

FIRST: The name of the corporation is Douglas Landscaping, Inc.

SECOND: It is incorporated under the laws of State of R.I. & Providence Plantations

THIRD: Character of business, briefly stated, is - all phases of general

landscaping & lawn care

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island : 14 Carl Avenue

North Providence, R.I. 02904

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

| Name                     | Office         | Address (including number, street, zip code) |
|--------------------------|----------------|--|
| <u>Robert C. Ferrey</u>  | Director       | <u>same as above (#5)</u>                    |
| <u>1</u>                 | Director       |  |
| <u>1</u>                 | Director       |  |
| <u>Robert C. Ferrey</u>  | President      |  |
| <u>Robert C. Ferrey</u>  | Vice President |  |
| <u>Barbara A. Ferrey</u> | Secretary      |  |
| <u>Robert C. Ferrey</u>  | Treasurer      |  |

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

700

no par  
value

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

700

no par value

no par value

Dated 2/17/ 19 93

Douglas Landscaping, Inc.  
(Name of Corporation)

By Barbara A. Ferrey

Title Secretary

(Report must be signed by an officer)

Filing Fee \$50.00

11/19/91 # 45

13107

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 0008270 Annual Report for the year 1992

FIRST: The name of the corporation is Douglas Landscaping, Inc.

SECOND: It is incorporated under the laws of State of R.I. & Providence

THIRD: Character of business, briefly stated, is all phases of lawn care

FOURTH: If foreign corporation, address of its principal office: \_\_\_\_\_

FIFTH: Business address in Rhode Island 14 Carl Avenue

North Providence, RI 02904

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

President

Vice President

Secretary

Treasurer

14 Carl Ave North Providence  
RI 02904

11 11

11 11

11 11

11 11

11 11

11 11

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

—

PAID

no-par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

—

JAN 30 1992  
SECY OF STATE

no-par value

Dated January 21, 19 92

Douglas Landscaping, Inc.  
(Name of Corporation)

By Barbara A. Ferrey

Title Secretary

(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.....0008270.....

Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....Douglas Landscaping Inc.....

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

THIRD: Character of business, briefly stated, is.....all phases of landscaping.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....14 Carl Avenue  
North Providence, R.I. 02904.....

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Robert C. Ferry President

Robert C. Ferry Vice President

Barbara A. Ferry Secretary

Robert C. Ferry Treasurer

Same as  
Business address

SEVENTH: Number of Shares authorized: 600

No. of Shares

Class

600

?

Series

PAID

Par Value  
or statement that  
shares are without  
par value

? MAR 20 1991 No par value

SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares

Class

0

0

Series

0

Par Value  
or statement that  
shares are without  
par value

0

Dated 2-25-91 19

Douglas Landscaping, Inc.  
(Name of Corporation)

By Barbara A. Ferry

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

C2

Corporate ID 0008270 Annual Report for the year 1990

FIRST: The name of the corporation is Douglas Landscaping Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is LANDSCAPING, cutting lawns, planting shrubs. New lawns.

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 14 CARL AVE  
No. PROV. RT. 02904.

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

| Name            | Office         | Address (including number, street, zip code) |
|-----------------|----------------|--|
| "               | Director       | "  |
| "               | Director       | "  |
| "               | Director       | "  |
| ROBERT C FERRY  | President      | 14 CARL AVE No PROV RT 02904                 |
| "               | Vice President | "  |
| BARBARA A FERRY | Secretary      | 14 CARL AVE No PROV RT 02904                 |
| "               | Treasurer      | "  |

SEVENTH: Number of Shares authorized:

No. of Shares 600 Class NO PAR Series

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares NONE Class

PAID  
JAN 26 1990  
REG. OF STATE

Par Value  
or statement that  
shares are without  
par value

Dated 1/22 1990

Douglas Landscaping  
(Name of Corporation)  
By Robert C Ferry  
Title Pres.

(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 0008270

Annual Report for the year 1989

Douglas Landscaping Inc.

FIRST: The name of the corporation is

SECOND: It is incorporated under the laws of

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

President

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated 2/8/19 89

Douglas Landscaping Inc.  
(Name of Corporation)

By Robert Ferry

Title Pres.

(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 8270 Annual Report for the year 1988

FIRST: The name of the corporation is Douglas Landscaping 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 1312 Douglas Ave.  
W. Prov. R.I.

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

| Name                 | Office         | Address (including number, street, zip code) |
|----------------------|----------------|--|
|                      | Director       |  |
|                      | Director       |  |
|                      | Director       |  |
| <u>Robert Ferry</u>  | President      | <u>1312 Douglas Ave. W. Prov. 02904</u>      |
| <u>same</u>          | Vice President | <u>same</u>                                  |
| <u>Barbara Ferry</u> | Secretary      | <u>same</u>                                  |
| <u>Robert Ferry</u>  | Treasurer      | <u>same</u>                                  |

SEVENTH: Number of Shares authorized:

No. of Shares 600

Class No Par

Series

Par Value  
or statement that  
shares are without  
par value

PAID JAN 22 1988

JAN 13 1988

EIGHTH: Number of Shares issued:

No. of Shares

Class

SECY. OF STATE  
Series

Par Value  
or statement that  
shares are without  
par value

Dated 1/11/ 19 88

Douglas Landscaping Inc.  
(Name of Corporation)

By Robert Ferry

Title President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 8270 Annual Report for the year 1987FIRST: The name of the corporation is Douglas Landscaping, 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 1312 Douglas AveNo Pro RI

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Robert Ferry

President

1312 Douglas Ave., No. Providence, R.I.

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

no par common

PAID

MAR 13 1987

APR 27 1987

EIGHTH: Number of Shares issued:

No. of Shares

Class

SECY. OF STATE

Par Value  
or statement that  
shares are without  
par valueDated 2/17/87 19

Douglas Landscaping, Inc.

(Name of Corporation)

By

Pres.

Title

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 8270

Annual Report for the year 1986

FIRST: The name of the corporation is Douglas Landscaping, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Complete Landscaping & lawn maintenance.

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island : 1312 Douglas Avenue  
North Providence 02904

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Robert C. Ferry

President

1312 Douglas Ave N. Prov., 02904

Vice President

"

"

Barbara A. Ferry

Secretary

"

"

Robert C. Ferry

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

600

Series

Par Value  
or statement that  
shares are without  
par value

No

EIGHTH: Number of Shares issued:

No. of Shares

Class

None

Series

Par Value  
or statement that  
shares are without  
par value

Dated January 14, 1986

(Report must be signed by an officer)

(Name of Corporation)

By

Title

Douglas Landscaping, Inc.

Barbara Ann Ferry

Secretary

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 8270

Annual Report for the year 1985

FIRST: The name of the corporation is Douglas Landscaping Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Landscaping - general lawn services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1312 Douglas Avenue  
North Providence, R.I. 02904

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Robert Charles Ferry President

Vice President

Barbara Ann Ferry Secretary

Robert Charles Ferry Treasurer

1312 Douglas Ave., N. Prov., R.I. 02904

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

600

no Par Common

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated February 4

(Report must be signed by an officer)

Douglas Landscaping, Inc.  
(Name of Corporation)

By

Title

Barbara Ann Ferry  
Secretary