



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. 82973
2 Name of Corporation Superior Lawn Maintenance, Inc.
3 Street Address Principal Business Office 12 SHUN PIKE
City JOHNSTON State RI Zip 02919
4 Business Phone No. 4019466050
5 State of Incorporation RHODE ISLAND
6 SIC Code 2212

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

TO OWN, OPERATE AND MAINTAIN A BUSINESS FOR THE PURPOSE OF LANDSCAPE GARDENING, INCLUDING THE MAINTENANCE OF LAWNS AND SHRUBS.

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

President Name ANTHONY G. GESMONDI Street Address 12 SHUN PIKE City JOHNSTON State RI Zip 02919	Vice President Name KEITH A DiPETRILLO Street Address 12 SHUN PIKE City JOHNSTON State RI Zip 02919
Secretary Name SCOTT D. HESFORD Street Address 12 SHUN PIKE City JOHNSTON State RI Zip 02919	Treasurer Name CARMELLA A. HESFORD Street Address 12 SHUN PIKE City JOHNSTON State RI Zip 02919

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

Director Name ANTHONY G. GESMONDI Street Address 12 SHUN PIKE City JOHNSTON State RI Zip 02919	Director Name KEITH A. DiPETRILLO Street Address 12 SHUN PIKE City JOHNSTON State RI Zip 02919
------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------

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

AUTHORIZED SHARES	Class/Series	Par Value
4,000	COMM NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
1000	COMMON	NONE

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



8 2 9 7 3

82973 DBC 02/10/05 04:25:58 PM

File Date **FILED**
Check No. **MAR 18 2005** 7758
By: UB
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: Anthony G. Gesmondi Date: 3/13/05
Print or Type Name of Officer: **ANTHONY G. GESMONDI**
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 IN BLACK)

1. Corporate ID No. 82973
2. Name of Corporation Superior Lawn Maintenance, Inc.
3. Street Address Principal Business Office 12 Shun Pike
City Johnston State RI Zip 02919
4. Business Phone No. (401) 946-6050
5. State of Incorporation Rhode Island
6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island
lawn and shrub maintenance

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

President Name			Vice President Name		
Anthony G. Gesmondi			Keith A. DiPetrillo		
Street Address			Street Address		
12 Shun Pike			12 Shun Pike		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Scott D. Hesford			Carmella A. Hesford		
Street Address			Street Address		
12 Shun Pike			12 Shun Pike		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

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

Director Name			Director Name		
Anthony G. Gesmondi			Keith A. DiPetrillo		
Street Address			Street Address		
SAME			SAME		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Scott D. Hesford			Scott D. Hesford		
Street Address			Street Address		
SAME			SAME		
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
4,000	COMM NO PAR VALUE		1,000	common/N/A	no par

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



8 2 9 7 3

118943 DBC 09/25/03 01:00:29 PM

File Date 1-29-04

Check No. 6449

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] 1/18/04
Signature of Officer Date
Anthony G. Gesmondi
Print or Type Name of Officer
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. **82973** 2. Name of Corporation **Superior Lawn Maintenance, Inc.**
3. Street Address Principal Business Office **12 Shun Pike** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 946-6050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

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

lawn and shrub maintenance

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

President Name Anthony G. Gesmondi Street Address 12 Shun Pike City Johnston State RI Zip 02919	Vice President Name Keith A. DiPetrillo Street Address 12 Shun Pike City Johnston State RI Zip 02919
Secretary Name Scott D. Hesford Street Address 12 Shun Pike City Johnston State RI Zip 02919	Treasurer Name Carmella A. Hesford Street Address 12 Shun Pike City Johnston State RI Zip 02919

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

Director Name Anthony G. Gesmondi Street Address SAME City Johnston State RI Zip 02919	Director Name Keith A. DiPetrillo Street Address SAME City Johnston State RI Zip 02919
Director Name Scott D. Hesford Street Address SAME City Johnston State RI Zip 02919	Director Name Keith A. DiPetrillo Street Address SAME City Johnston State RI Zip 02919

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

Number of Shares	Class/Series	Par Value
4,000	COMM NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
1,000	common/ N/A	no par

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



* 8 2 9 7 3 *

File Date: 2-6-03
Check No.: 5259
By: UP

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.

Anthony G. Gesmondi
Signature of Officer _____ Date 1/29/03
Anthony G. Gesmondi
Print or Type Name of Officer
President
Title of Officer

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. **82973** 2. Name of Corporation **Superior Lawn Maintenance, Inc.**

3. Street Address Principal Business Office

12 Shun Pike

4. Business Phone No.

(401) 946-6050

5. State of Incorporation

RHODE ISLAND

City

Johnston

State

RI

Zip

02919

6. SIC Code

2212

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

lawn and shrub maintenance

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

President Name

Anthony G. Gesmondi

Street Address

12 Shun Pike

City

Johnston

State

RI

Zip

02919

Secretary Name

Scott D. Hesford

Street Address

12 Shun Pike

City

Johnston

State

RI

Zip

02919

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

Director Name

Anthony G. Gesmondi

Street Address

SAME

City

State

Zip

Director Name

Scott D. Hesford

Street Address

SAME

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

**common/
N/A**

no par

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



* 8 2 9 7 3 *

File Date: 4/5/02

Check No.: 4357

By: Gesmondi

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.

Anthony G. Gesmondi 3/25/02
Signature of Officer Date

Anthony G. Gesmondi

Print or Type Name of Officer

President

Title of Officer



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. **82973** 2. Name of Corporation **Superior Lawn Maintenance, Inc.**

3. Street Address Principal Business Office **362 Simonsville Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 944-1783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2292**

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

lawn and shrub maintenance

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

President Name Anthony G. Gesmondi	Vice President Name Keith A. DiPetrillo
Street Address 362 Simonsville Avenue	Street Address 362 Simonsville Avenue
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Scott D. Hesford	Treasurer Name Carmella A. Hesford
Street Address 362 Simonsville Avenue	Street Address 362 Simonsville Avenue
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919

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

Director Name Anthony G. Gesmondi	Director Name Scott D. Hesford
Street Address SAME	Street Address SAME
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Director Name Keith A. DiPetrillo	Director Name Keith A. DiPetrillo
Street Address SAME	Street Address SAME
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919

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

AUTHORIZED SHARES	Class/Series	Par Value
4,000	COMM NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
1,000	common N/A	no par

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



* 8 2 9 7 3 *

FILED

File Date: _____

Check No.: **MAY 21 2001**

By: **cc 3456**

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.

Anthony G. Gesmondi Pres. 3/30/01
Signature of Officer Date

Anthony G. Gesmondi

Print or Type Name of Officer

President
Title of Officer



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. **82973** 2. Name of Corporation **Superior Lawn Maintenance, Inc.**
3. Street Address Principal Business Office **362 Simmonsville Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 944-1783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**
7. Brief Description of the Character of Business Conducted in Rhode Island
lawn and shrub maintenance

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

President Name Anthony G. Gesmondi Street Address 362 Simmonsville Avenue City Johnston State RI Zip 02919	Vice President Name Keith A. DiPetrillo Street Address 362 Simmonsville Avenue City Johnston State RI Zip 02919
Secretary Name Scott D. Hesford Street Address 362 Simmonsville Avenue City Johnston State RI Zip 02919	Treasurer Name Carmella A. Hesford Street Address 362 Simmonsville Avenue City Johnston State RI Zip 02919

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

Director Name Anthony G. Gesmondi Street Address SAME City _____ State _____ Zip _____	Director Name Scott D. Hesford Street Address SAME City _____ State _____ Zip _____
Director Name Keith A. DiPetrillo Street Address SAME City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
4,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
1,000	common/ N/A	no par

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



* 8 2 9 7 3 *

File Date: 2/29/00
Check No.: 2043
By: [Signature]

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] Date 2/17/00
Signature of Officer
Anthony G. Gesmondi
Print or Type Name of Officer
President
Title of Officer



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. **82973** 2. Name of Corporation **Superior Lawn Maintenance, Inc.**

3. Street Address Principal Business Office **362 Simonsville Avenue** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **(401) 944-1783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
lawn and shrub maintenance

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

President Name Anthony G. Gesmondi	Vice President Name Keith A. DiPetrillo
Street Address 362 Simonsville Avenue	Street Address 362 Simonsville Avenue
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919

Secretary Name Scott D. Hesford	Treasurer Name Carmella A. Hesford
Street Address 362 Simonsville Avenue	Street Address 362 Simonsville Avenue
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919

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

Director Name Anthony G. Gesmondi	Director Name Scott D. Hesford
Street Address SAME	Street Address SAME
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919

Director Name Keith A. DiPetrillo	Director Name Keith A. DiPetrillo
Street Address SAME	Street Address SAME
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1,000	common/ N/A	no par

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



File Date: 3.1.99
Check No.: 2013
By: lup

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: 12/8/99
Anthony G. Gesmondi
Print or Type Name of Officer
President
Title of Officer



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. **82973** 2. Name of Corporation **Superior Lawn Maintenance, Inc.**
3. Street Address Principal Business Office
362 Simonsville Avenue City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 944-1783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

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

lawn and shrub maintenance

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

President Name Anthony G. Gesmondi Street Address 362 Simonsville Avenue City Johnston State RI Zip 02919 Secretary Name Scott D. Hesford Street Address 362 Simonsville Avenue City Johnston State RI Zip 02919	Vice President Name Keith A. DiPetrillo Street Address 362 Simonsville Avenue City Johnston State RI Zip 02919 Treasurer Name Carmella A. Hesford Street Address 362 Simonsville Avenue City Johnston State RI Zip 02919
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Anthony G. Gesmondi Street Address SAME City Johnston State RI Zip 02919	Director Name Scott D. Hesford Street Address SAME City Johnston State RI Zip 02919
Director Name Keith A. DiPetrillo Street Address SAME City Johnston State RI Zip 02919	Director Name Keith A. DiPetrillo Street Address SAME City Johnston State RI Zip 02919

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 common/N/A no par

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



* 8 2 9 7 3 *

File Date: 2/13/98
Check No.: 482
By: [Signature]

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: 2/26/98
Anthony G. Gesmondi
Print or Type Name of Officer
President
Title of Officer



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. **82973** 2. Name of Corporation **Superior Lawn Maintenance, Inc.**
3. Street Address Principal Business Office **362 Simonsville Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 944-1783** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
lawn and shrub maintenance

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

President Name Anthony G. Gesmondi Street Address 362 Simonsville Avenue City Johnston State RI Zip 02919	Vice President Name Keith A. DiPetrillo Street Address 362 Simonsville Avenue City Johnston State RI Zip 02919
Secretary Name Scott D. Hesford Street Address 362 Simonsville Avenue City Johnston State RI Zip 02920	Treasurer Name Carmella A. Hesford Street Address 362 Simonsville Avenue City Johnston State RI Zip 02920

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

Director Name Anthony G. Gesmondi Street Address SAME City _____ State _____ Zip _____	Director Name Scott D. Hesford Street Address SAME City _____ State _____ Zip _____
Director Name Keith A. DiPetrillo Street Address SAME City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
4,000 SHS COMM NO PAR VAL	1,000 common/N/A no par

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



File Date: 2-28-97
Check No.: 876
By: [Signature]

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] 1/31/97
Signature of Officer Date
Anthony G. Gesmondi
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: 82973
 2 NAME OF CORPORATION: Superior Lawn Maintenance, Inc.
 3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 362 Simmonsville Avenue
 CITY: Johnston STATE: RI ZIP CODE: 02919
 4 BUSINESS PHONE NO: (401) 944-1783
 5 STATE OF INCORPORATION: RHODE ISLAND
 6 SIC CODE: 2212
 7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: lawn and shrub maintenance

8. NAMES AND ADDRESSES OF THE OFFICERS

9 CEO PRESIDENT NAME Anthony G. Gesmondi STREET ADDRESS 362 Simmonsville Avenue CITY STATE ZIP CODE Johnston RI 02919	9 VICE PRESIDENT NAME Keith A. DiPetrillo STREET ADDRESS 362 Simmonsville Avenue CITY STATE ZIP CODE Johnston RI 02919
SECRETARY NAME Scott D. Hesford STREET ADDRESS 362 Simmonsville Avenue CITY STATE ZIP CODE Johnston RI 02919	TREASURER NAME Carmella A. Hesford STREET ADDRESS 362 Simmonsville Avenue CITY STATE ZIP CODE Johnston RI 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Anthony G. Gesmondi STREET ADDRESS SAME CITY STATE ZIP CODE	DIRECTOR NAME Scott D. Hesford STREET ADDRESS SAME CITY STATE ZIP CODE
DIRECTOR NAME Keith A. DiPetrillo STREET ADDRESS SAME CITY STATE ZIP CODE	DIRECTOR NAME (Blank) STREET ADDRESS (Blank) CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4,000	SHS COMM NO PAR VAL		1,000	common/ N/A	no par

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date: 2-22-96
 Check No: 441
 By: *AG*

Signature of Officer: *Anthony G. Gesmondi*
 Print or Type Name of Officer: Anthony G. Gesmondi
 Title of Officer: President
 Date: 2/8/96

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 21-12/95