



STATE OF  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

100 South 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. 83182		2. Name of Corporation Shamrock Landscaping, Inc.			
3. Street Address Principal Business Office 803 Farnum Pike North Smithfield			City North Smithfield	State R.T.	Zip 02896
4. Business Phone No. 401-949-4554		5. State of Incorporation RHODE ISLAND		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A BUSINESS ENGAGED IN LANDSCAPING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRIAN PATE			Vice President Name NONE		
Street Address 803 FARNUM PIKE			Street Address		
City North Smithfield	State R.T.	Zip 02896	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name 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) <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
2,000 COMM NO PAR VALUE			NONE		

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



FILED  
 File Date: FEB 25 2005  
 Check No.:  
 By: M 59301  
 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: Brian Pate  
 Date: 2-22-05  
 Print or Type Name of Officer: BRIAN PATE  
 Title of Officer: President



**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. 83182		2. Name of Corporation Shamrock Landscaping, Inc.			
3. Street Address Principal Business Office 14 SORRELL ROAD			City North Providence	State R.I.	Zip 02904
4. Business Phone No. 949-4554		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A BUSINESS ENGAGED IN LANDSCAPING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRIAN PATE			Vice President Name Beverly PATE		
Street Address 803 FARNUM PIKE			Street Address 14 Sorrell RD.		
City North Smithfield	State R.I.	Zip 02896	City North Prov.	State R.I.	Zip 02904
Secretary Name Beverly PATE			Treasurer Name BRIAN PATE		
Street Address 14 Sorrell RD.			Street Address 803 Farnum P.ike		
City North Prov.	State R.I.	Zip 02904	City North Smithfield	State R.I.	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
2,000 COMM NO PAR VALUE			0		

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



\* 8 3 1 8 2 \*

File Date 1-7-04  
Check No. 7183  
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]  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
Brian PATE  
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. **83182** 2. Name of Corporation **Shamrock Landscaping, Inc.**  
3. Street Address Principal Business Office **31 Spencer Road** City **Greenville** State **RI** Zip **02828**  
4. Business Phone No. **401 949 4554** 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>Brian Pate</b>	Vice President Name
Street Address <b>31 Spencer Rd</b>	Street Address <b>same</b>
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	City State Zip
Secretary Name	Treasurer Name
Street Address <b>same</b>	Street Address <b>same</b>
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	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

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>2,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>none</b>		

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



\* 8 3 1 8 2 \*

File Date: **3.3.03**  
Check No.: **0599**  
By: **IP**

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

**Brian A Pate** **2/28/03**  
Signature of Officer Date  
President **Brian A PATE**  
Print or Type Name 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. **83182**  
2. Name of Corporation **Shamrock Landscaping, Inc.**  
3. Street Address Principal Business Office  
**31 Spencer Road**  
4. Business Phone No. **401 949 4554**  
5. State of Incorporation **RHODE ISLAND**

City **Greenville** State **RI** Zip **02828**  
6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Landscape/Irrigation**

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

President Name **Brian Pate**  
Street Address **31 Spencer Road**  
City **Greenville** State **RI** Zip **02828**

Vice President Name **Brian Pate**  
Street Address **31 Spencer Road**  
City **Greenville** State **RI** Zip **02828**

Secretary Name **Brian Pate**  
Street Address **31 Spencer Road**  
City **Greenville** State **RI** Zip **02828**

Treasurer Name **Brian Pate**  
Street Address **31 Spencer Road**  
City **Greenville** State **RI** Zip **02828**

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

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 (\*X\* BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
2,000	COMM NO PAR VALUE	

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

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

File Date 1-17-02  
Check No. 6089  
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 1-14-02  
Print or Type Name of Officer Brian A. Pate  
Title of Officer Pres, V.P. Sec, Treas.



**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. **83182** 2. Name of Corporation **Shamrock Landscaping, Inc.**

3. Street Address Principal Business Office **31 Spencer Road** City **Greenville** State **RI** Zip **02828**  
4. Business Phone No **401 949 4554** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Landscape/Irrigation**

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

President Name <b>Brian A. Pate</b>	Vice President Name <b>Brian A. Pate</b>
Street Address <b>31 Spencer Rd</b>	Street Address <b>31 Spencer Rd</b>
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>
Secretary Name <b>Anne M. Pate</b>	Treasurer Name <b>Anne M. Pate</b>
Street Address <b>31 Spencer Rd</b>	Street Address <b>31 Spencer Rd</b>
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>

**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	City
State	State
Zip	Zip
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
<b>2,000 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>NONE</b>		

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



\* 8 3 1 8 2 \*

File Date: 2/12/2001  
Check No.: 5646  
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] 02-01  
Signature of Officer Date  
Anne M. Pate  
Print or Type Name of Officer  
Sec Treasurer  
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. **83182** 2. Name of Corporation **Shamrock Landscaping, Inc.**  
3. Street Address Principal Business Office **31 SPENCER ROAD** City **GREENVILLE** State **RI** Zip **02828**  
4. Business Phone No. **401 949 4554** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**LANDSCAPE CONSTRUCTION/IRRIGATION**

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

President Name <b>BRIAN A. PATE</b>	Vice President Name <b>BRIAN A. PATE</b>
Street Address <b>31 SPENCER ROAD</b>	Street Address <b>31 SPENCER RD.</b>
City <b>GREENVILLE</b> State <b>RI</b> Zip <b>02828</b>	City <b>GREENVILLE</b> State <b>RI</b> Zip <b>02828</b>
Secretary Name <b>ANNE M. PATE</b>	Treasurer Name <b>ANNE M. PATE</b>
Street Address <b>31 SPENCER ROAD</b>	Street Address <b>31 SPENCER ROAD</b>
City <b>GREENVILLE</b> State <b>RI</b> Zip <b>02828</b>	City <b>GREENVILLE</b> State <b>RI</b> Zip <b>02828</b>

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City	City
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  
**2,000 SHS COMM NO PAR VAL**

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

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 3 1 8 2 \*

File Date **3/3/00**  
Check No. **5208**  
By **cl**

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 **Brian A. Pate** Date **2/28/00**  
Print or Type Name of Officer **BRIAN A. PATE**  
Title of Officer **PRESIDENT**



**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. **83182** 2. Name of Corporation **Shamrock Landscaping, Inc.**

3. Street Address Principal Business Office **31 SPENCER ROAD** City **GREENVILLE** State **RI** Zip **02828**  
4. Business Phone No. **401 949-4554** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**LANDSCAPE, CONSTRUCTION, IRRIGATION**

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

President Name <b>BRIAN A. PATE</b>	Vice President Name <b>BRIAN A. PATE</b>
Street Address <b>31 SPENCER ROAD</b>	Street Address <b>31 SPENCER RD.</b>
City <b>GREENVILLE</b> State <b>RI</b> Zip <b>02828</b>	City <b>GREENVILLE</b> State <b>RI</b> Zip <b>02828</b>
Secretary Name <b>ANNE M. PATE</b>	Treasurer Name <b>ANNE M. PATE</b>
Street Address <b>31 SPENCER ROAD</b>	Street Address <b>31 SPENCER RD.</b>
City <b>GREENVILLE</b> State <b>RI</b> Zip <b>02828</b>	City <b>GREENVILLE</b> State <b>RI</b> Zip <b>02828</b>

**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	City
State	State
Zip	Zip
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
	<b>2,000 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>NONE</b>		

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



File Date: 1-5-99  
Check No.: 4561  
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: 1/4/99  
Print or Type Name of Officer: BRIAN A. PATE  
Title of Officer: PRESIDENT

**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. **83182**      2. Name of Corporation **Shamrock Landscaping, Inc.**  
3. Street Address Principal Business Office  
**31 Spencer Road**      City **Greenville**      State **RI**      Zip **02828**  
4. Business Phone No. **949-4554**      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**landscape/construction**

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

President Name <b>Brian A. Pate</b>	Vice President Name <b>None</b>
Street Address <b>31 Spencer Road</b>	Street Address
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	City      State      Zip
Secretary Name <b>Anne M. Pate</b>	Treasurer Name <b>Anne M. Pate</b>
Street Address <b>31 Spencer Road</b>	Street Address <b>31 Spencer Road</b>
City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>	City <b>Greenville</b> State <b>RI</b> Zip <b>02828</b>

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

Director Name <b>None</b>	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

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

AUTHORIZED SHARES  
Number of Shares      Class/Series      Par Value  
**2,000 SHS COMM NO PAR VAL**

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

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 3 1 8 2 \*

File Date: 2/24  
Check No: 900  
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: 2/18/98  
Print or Type Name of Officer: Brian A. Pate  
Title of Officer: President



**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. **83182** 2. Name of Corporation **Shamrock Landscaping, Inc.**  
3. Street Address Principal Business Office **31 Spencer Road** City **Greenville** State **RI** Zip **02828**  
4. Business Phone No. **401 - 949-4554** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Landscape/Construction**

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

President Name <b>Brian A. Pate</b>	Vice President Name
Street Address <b>31 Spencer Road</b>	Street Address
City State Zip <b>Greenville RI 02828</b>	City State Zip
Secretary Name <b>Anne M. Pate</b>	Treasurer Name <b>Anne M. Pate</b>
Street Address <b>31 Spencer Road</b>	Street Address <b>31 Spencer Road</b>
City State Zip <b>Greenville RI 02828</b>	City State Zip <b>Greenville RI 02828</b>

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

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

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2,000 SHS COMM NO PAR VAL</b>			<b>"NONE"</b>		

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



File Date: 1/21/97  
Check No.: 3084  
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] 1-11-97  
Signature of Officer Date

Brian A. Pate  
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. 83182  
2. NAME OF CORPORATION Shamrock Landscaping, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE  
31 Spencer Road  
CITY Greenville STATE RI ZIP CODE 02828  
4. BUSINESS PHONE NO. 401-949-4554  
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**

PRESIDENT NAME: Brian A. Pate  
VICE PRESIDENT NAME: \_\_\_\_\_  
STREET ADDRESS: 31 Spencer Road  
CITY: Greenville STATE: RI ZIP CODE: 02828  
SECRETARY NAME: Anne M. Pate  
TREASURER NAME: Anne M. Pate  
STREET ADDRESS: 31 Spencer Road  
CITY: Greenville STATE: RI ZIP CODE: 02828

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DIRETOR NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
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
2,000	SHS COMM NO PAR VAL		NONE		

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.

*Brian A. Pate*  
Signature of Officer  
Brian A. Pate  
Print or Type Name of Officer  
President  
Title of Officer  
1-22-96  
Date

File Date: 2/13/96  
Check No: 2370  
By: *[Signature]*  
For Secretary of State Use Only