



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 02903-1535
401 222 3940

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)

Form with sections: 1. Corporate ID No. (94583), 2. Name of Corporation (RHODE ISLAND GREEN, INC.), 3. Street Address (6145 POST ROAD), 4. Business Phone No. ((401) 884-6464), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (885), 7. Brief Description of the Character of Business (TO TAKE CARE OF LAWNS FOR PROFIT), 8. NAMES AND ADDRESSES OF THE OFFICERS (STEVEN A. CAMPO), 9. NAMES AND ADDRESSES OF THE DIRECTORS (STEVEN A. CAMPO), 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (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.

Signature of Officer: Steve Campo, Date: 2/14/05, Print or Type Name of Officer: STEVEN CAMPO, Title of Officer: President

File Date: 2-16-05, Check No.: 6945, By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. 94583		2. Name of Corporation RHODE ISLAND GREEN, INC.			
3. Street Address Principal Business Office 6145 POST ROAD			City N. KINGSTOWN	State R.I.	Zip 02852
4. Business Phone No. (401) 884-6464		5. State of Incorporation RHODE ISLAND			6. SIC Code 885
7. Brief Description of the Character of Business Conducted in Rhode Island TO TAKE CARE OF LAWNS FOR PROFIT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN A. CAMPO			Vice President Name SAME		
Street Address 6145 POST ROAD			Street Address		
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
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 STEVEN A. CAMPO			Director Name NONE		
Street Address 6145 POST ROAD			Street Address		
City N. KINGSTOWN	State RI	Zip 02852	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
1,000 NO PAR VALUE			NONE		

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



* 9 4 5 8 3 *

File Date 2/12/04
Check No. 6740
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 Steven A. Campo Date 2/14/04
Print or Type Name of Officer STEVEN A. CAMPO
Title of Officer President



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. **94583**
2. Name of Corporation **RHODE ISLAND GREEN, INC.**
3. Street Address Principal Business Office
614.5 POST ROAD
4. Business Phone No. **(401) 884-6464**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
LANDSCAPING

City **NORTH KINGSTOWN** State **RI** Zip **02852**
6. SIC Code **885**

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

President Name **STEVEN A. CAMPO**
Street Address **6145 POST ROAD**
City **N. KINGSTOWN** State **RI** Zip **02852**
Secretary Name **SAME**
Street Address
City State Zip

Vice President Name **SAME**
Street Address
City State Zip
Treasurer Name **SAME**
Street Address
City State Zip

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

Director Name **STEVEN A. CAMPO**
Street Address **6145 POST ROAD**
City **N. KINGSTOWN** State **RI** Zip **02852**
Director Name **NONE**
Street Address
City State Zip

Director Name **NONE**
Street Address
City State Zip
Director Name **NONE**
Street Address
City State Zip

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 9 4 5 8 3 *

File Date: **3-4-03**
Check No.: **60621**
By: **SC**

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 **Steven A. Campo** Date **2/14/03**

Print or Type Name of Officer **STEVEN A. CAMPO**

Title of Officer **President**



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. **94583** 2 Name of Corporation **RHODE ISLAND GREEN, INC.**

3. Street Address Principal Business Office **6145 POST ROAD** City **NORTH KINGSTOWN** State **RI** Zip **02852**

4. Business Phone No. **884-6464** 5. State of Incorporation **RHODE ISLAND** 6 SIC Code **885**

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 **STEVEN A. CAMP** Vice President Name **SAME**

Street Address **6145 POST ROAD** Street Address

City **N. KINGSTOWN** State **RI** Zip **02852** City State Zip

Secretary Name **SAME** Treasurer Name **SAME**

Street Address Street Address

City State Zip City State Zip

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

Director Name **SAME** 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
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
400 COMMON NO PAR VALUE

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



* 9 4 5 8 3 *

File Date: 4-10-02

Check No.: 6548

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 Steven A. Campo Date 4/15/02

Print or Type Name of Officer STEVEN A. CAMPO

Title of Officer President



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. **94583** 2. Name of Corporation **RHODE ISLAND GREEN, INC.**

3. Street Address Principal Business Office **6145 POST ROAD** City **NORTH KINGSTOWN** State **RI** Zip **02852**

4. Business Phone No. **(401) 884-6464** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**

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 STEVEN A. CAMPO	Vice President Name SAME
Street Address 6145 POST ROAD	Street Address
City NORTH KINGSTOWN State RI Zip 02852	City State Zip
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City State Zip	City State Zip

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

Director Name STEVEN A. CAMPO	Director Name NONE
Street Address 6145 POST ROAD	Street Address
City NORTH KINGSTOWN State RI Zip 02852	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)

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 9 4 5 8 3 *

File Date: 1/31/01
Check No.: 6076
By: ICD

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: Steven A. Campo Date: 1/29/01
Print or Type Name of Officer: STEVEN A. CAMPO
Title of Officer: PRESIDENT



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. **94583** 2. Name of Corporation **RHODE ISLAND GREEN, INC.**
3. Street Address Principal Business Office
75 SHERMAN AVENUE
4. Business Phone No. **(401) 353-3563** 5. State of Incorporation **RHODE ISLAND**

City **N. PROVIDENCE** State **RI** Zip **02911**
6. SIC Code **885**

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 **STEVEN A. CAMPO**
Street Address
75 SHERMAN AVENUE
City **N. PROVIDENCE** State **RI** Zip **02911**
Secretary Name **SAME**
Street Address
City State Zip

Vice President Name **SAME**
Street Address
City State Zip
Treasurer Name **SAME**
Street Address
City State Zip

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

Director Name **STEVEN A. CAMPO**
Street Address
75 SHERMAN AVENUE
City **N. PROVIDENCE** State **RI** Zip **02911**
Director Name
Street Address
City State Zip

Director Name **SAME**
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
400 COMMON NO PAR VALUE

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



* 9 4 5 8 3 *

File Date: 3/2/00
Check No.: 5811
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] 2/29/00
Signature of Officer Date

STEVEN A. CAMPO
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. **94583** 2. Name of Corporation **RHODE ISLAND GREEN, INC.**
3. Street Address Principal Business Office **75 SHERMAN AVENUE** City **PROVIDENCE** State **R.I.** Zip **02911**
4. Business Phone No. **333-3363** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**
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 STEVEN A. CAMPO	Vice President Name SAME
Street Address 75 SHERMAN AVENUE	Street Address
City PROVIDENCE State R.I. Zip 02911	City State Zip
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City State Zip	City State Zip

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

Director Name STEVEN A. CAMPO	Director Name SAME
Street Address 75 SHERMAN AVENUE	Street Address
City PROVIDENCE State R.I. Zip 02911	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

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

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	400	COMMON	NO PAR VALUE

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



File Date: 03-24-99
Check No. 5894
By: JD

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: Steven Campo Date: 3/1/99
Print or Type Name of Officer: STEVEN CAMPO
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. **94583** 2. Name of Corporation **RHODE ISLAND GREEN, INC.**
3. Street Address Principal Business Office **75 SHERMAN AVENUE** City **NORTH PROVIDENCE** State **R.I.** Zip **02911**
4. Business Phone No. **353-3563** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **885**
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 STEVEN CAMPO	Vice President Name SAME	Steve Campo
Street Address 75 SHERMAN AVENUE	Street Address AS ABOVE	
City NORTH PROVIDENCE State RI Zip 02911	City State Zip	
Secretary Name Steve Campo	Treasurer Name SAME	Steve Campo
Street Address AS ABOVE	Street Address AS ABOVE	
City State Zip	City State Zip	

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

Director Name STEVEN CAMPO	Director Name NONE
Street Address JAME AS ABOVE	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)

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

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

ISSUED SHARES **NONE**
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: **1-28-98**
Check No.: **3035**
By: **WUP**
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: **Steven Campo** Date: **1-27-98**
Print or Type Name of Officer: **STEVEN CAMPO**
Title of Officer: **PRESIDENT**