



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. 68490		2. Name of Corporation East Bay Lawn Care, Inc.			
3. Street Address Principal Business Office 254 NARRAGANSETT AVE		City BARRINGTON		State RI	Zip 02806
4. Business Phone No. 401-246-0096		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE AGRICULTURAL LANDSCAPING AND LAWN CARE SERVICES TOTHE GENERAL PUBLIC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SANDRA WATERS			Vice President Name JAMES WATERS		
Street Address 254 NARRAGANSETT AVE			Street Address 254 NARRAGANSETT AVE		
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name NONE			Treasurer Name NONE		
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 NONE			Director Name NONE		
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		
2,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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



File Date	1/31/05
Check No.	2441
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: Sandra Waters Date: 1/27/05
Print or Type Name of Officer: SANDRA WATERS
Title of Officer: PRESIDENT



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

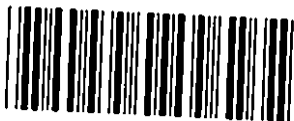
100 North Main Street
Providence, RI 02903-1332
401.222.3046

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. 68490		2. Name of Corporation East Bay Lawn Care, Inc.			
3. Street Address Principal Business Office 254 NARRAGANSETT AVE		City BARRINGTON	State RI	Zip 02806	
4. Business Phone No. 401-246-0096		5. State of Incorporation RHODE ISLAND		6. SIC Code 2212	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE AGRICULTURAL LANDSCAPING AND LAWN CARE SERVICES TO THE GENERAL PUBLIC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SANDRA WATERS		Vice President Name JAMES WATERS			
Street Address 254 NARRAGANSETT AVE		Street Address 254 NARRAGANSETT AVE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Secretary Name NONE		Treasurer Name NONE			
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 NONE		Director Name NONE			
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	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
2,000 NO PAR VALUE			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



File Date: 2.27.04
Check No.: 2328
100
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: Sandra Waters 2/26/04
Date: 2/26/04
Print or Type Name of Officer: SANDRA WATERS
Title of Officer: PRESIDENT



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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

68490

2. Name of Corporation

East Bay Lawn Care, Inc.

3. Street Address Principal Business Office

254 NARRAGANSETT AVE

City BARRINGTON State RI

Zip 02806

4. Business Phone No.

401-246-0096

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

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

LANDSCAPING AND LAWN MAINTENANCE

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

President Name

SANDRA WATERS

Vice President Name

JAMES WATERS

Street Address

254 NARRAGANSETT AVE

Street Address

254 NARRAGANSETT AVE

City

BARRINGTON RI 02806

City

BARRINGTON RI 02806

Secretary Name

SANDRA WATERS

Treasurer Name

SANDRA WATERS

Street Address

254 NARRAGANSETT AVE

Street Address

254 NARRAGANSETT AVE

City

BARRINGTON RI 02806

City

BARRINGTON RI 02806

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 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



* 6 8 4 9 0 *

File Date:

8-25-03

Check No.:

2280

By:

Sandra Waters

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.

Sandra Waters 8/22/03

Signature of Officer

Date

SANDRA WATERS

Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 630 12/02



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.

68490

2. Name of Corporation

East Bay Lawn Care, Inc.

3. Street Address Principal Business Office

254 NARRAGANSETT AVE BARRINGTON RI 02806

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

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

LANDSCAPING - LAWN MAINTANANCE + FERTILIZATION

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

SANDRA WATERS

Vice President Name

JAMES A. WATERS

Street Address

254 NARRAGANSETT AVE

Street Address

254 NARRAGANSETT AVE

City

BARRINGTON RI 02806

City

BARRINGTON RI 02806

Secretary Name

NONE

Treasurer Name

NONE

Street Address

NONE

Street Address

NONE

City

NONE

City

NONE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Director Name

NONE

Street Address

NONE

Street Address

NONE

City

NONE

City

NONE

Director Name

NONE

Director Name

NONE

Street Address

NONE

Street Address

NONE

City

NONE

City

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

2,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

NONE

NONE

NONE

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



* 6 8 4 9 0 *

File Date: 3/21/02

Check No.: 2145

By: GAA

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.

Sandra Waters 3/1/02

Signature of Officer

Date

SANDRA WATERS

Print or Type Name of Officer

PRESIDENT

Title of Officer



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



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. **68490** 2. Name of Corporation **East Bay Lawn Care, Inc.**

3. Street Address Principal Business Office

254 NARRAGANSETT

Ave

City

BARRINGTON

State

RI

Zip

02806

4. Business Phone No.

401-246-0008

5. State of Incorporation
RHODE ISLAND

6. SIC Code
2292

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

LANDSCAPING, LAWN MAINTENANCE, FERTILIZATION

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

President Name

SANDRA WATERS

Street Address

254 NARRAGANSETT

Ave

City

BARRINGTON

State

RI

Zip

02806

Secretary Name

NONE

Street Address

City

State

Zip

Vice President Name

JAMES A. WATERS

Street Address

254 NARRAGANSETT

Ave

City

BARRINGTON

State

RI

Zip

02806

Treasurer Name

NONE

Street Address

City

State

Zip

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

Director Name

NONE

Street Address

City

State

Zip

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

2,000 SHS 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



* 6 8 4 9 0 *

File Date: **5-3-01**

Check No.: **2051**

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.

Sandra Waters **3/1/01**
Signature of Officer Date

SANDRA WATERS
Print or Type Name of Officer

PRESIDENT
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.

68490

2. Name of Corporation

East Bay Lawn Care, Inc.

3. Street Address Principal Business Office

254 NARRAGANSETT AVE

City

BARRINGTON

State

RI

Zip

02806

4. Business Phone No.

401-246-0096

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

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

LAWN MAINTENANCE, LANDSCAPING

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

SANDRA WATERS

Street Address

254 NARRAGANSETT AVE

City

BARRINGTON

State

Secretary Name

NONE

Street Address

City

State

Zip

Vice President Name

JAMES WATERS

Street Address

254 NARRAGANSETT AVE

City

BARRINGTON

State

Treasurer Name

NONE

Street Address

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Street Address

City

State

Zip

Director Name

NONE

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS 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



* 6 8 4 9 0 *

File Date: PAID KID

Check No.: JAN 10 2000

By: SECY OF STATE

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.

Sandra Waters 12/23/99

SANDRA WATERS

PRESIDENT



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. **68490** 2. Name of Corporation **East Bay Lawn Care, Inc.**
3. Street Address Principal Business Office **254 NARRAGANSETT AVE** City **BARRINGTON** State **RI** Zip **02806**
4. Business Phone No. **401-246-0096** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
LANDSCAPING / LAWN CARE

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

President Name SANDRA WATERS Street Address 254 NARRAGANSETT AVE City BARRINGTON State RI Zip 02806 Secretary Name NONE Street Address City State Zip	Vice President Name JAMES WATERS Street Address 254 NARRAGANSETT AVE City BARRINGTON State RI Zip 02806 Treasurer Name NONE Street Address City State Zip
---	---

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

Director Name NONE Street Address City State Zip	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
2,000 SHS 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



* 6 8 4 9 0 *

File Date: **1-15-99**
Check No.: **1518**
By: **AMF** **104**

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.

Sandra Waters **1/14/99**
Signature of Officer Date
SANDRA WATERS
Print or Type Name 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 FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
68490

2. Name of Corporation
East Bay Lawn Care, Inc.

3. Street Address Principal Business Office

254 NARRAGANSETT AVE

City
BARRINGTON State

RI

Zip
02806

4. Business Phone No.

401-246-0094

5. State of Incorporation
RHODE ISLAND

6. SIC Code
2212

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

LAWN CARE / LAND SCAPING

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

President Name
SANDRA WATERS

Street Address
254 NARRAGANSETT AVE

City
BARRINGTON State
RI Zip
02806

Secretary Name
NONE

Street Address

City
BARRINGTON State
RI Zip
02806

Vice President Name

JAMES A. WATERS

Street Address
254 NARRAGANSETT AVE

City
BARRINGTON State
RI Zip
02806

Treasurer Name
NONE

Street Address

City
BARRINGTON State
RI Zip
02806

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

Director Name
NONE

Street Address

City
BARRINGTON State
RI Zip
02806

Director Name
NONE

Street Address

City
BARRINGTON State
RI Zip
02806

Director Name
NONE

Street Address

City
BARRINGTON State
RI Zip
02806

Director Name
NONE

Street Address

City
BARRINGTON State
RI Zip
02806

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

2,000 SHS 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



* 6 8 4 9 0 *

File Date: **2.10.98**

Check No.: **1220**

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.

Sandra Waters 2/7/98

Signature of Officer Date

SANDRA WATERS

Print or Type Name of Officer

PRESIDENT

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.

68490

2. Name of Corporation

East Bay Lawn Care, Inc.

3. Street Address Principal Business Office

254 NARRAGANSETT AVE

City

BARRINGTON

State

RI

Zip

02806

4. Business Phone No.

401-246-0096

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

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

LANDSCAPING - LAWN MAINTAINANCE - FERTILIZATION

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

President Name

SANDRA WATERS

Street Address

254 NARRAGANSETT AVE

City

BARRINGTON

State

RI

Zip

02806

Secretary Name

NONE

Street Address

City

State

Zip

Vice President Name

JAMES A. WATERS

Street Address

254 NARRAGANSETT AVE

City

BARRINGTON

State

RI

Zip

02806

Treasurer Name

NONE

Street Address

City

State

Zip

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

Director Name

NONE

Street Address

City

State

Zip

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

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



* 6 8 4 9 0 *

File Date: 4/11/97

Check No.: 1116

By: GWA

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.

Sandra Waters 4/8/97

Signature of Officer

Date

PRESIDENT SANDRA WATERS

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. 68490	2. NAME OF CORPORATION East Bay Lawn Care, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 254 NARRAGANSETT AVE		CITY BARRINGTON	STATE RI
4. BUSINESS PHONE NO. 401-246-0096		5. STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02806
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND LAWN CARE - LANDSCAPING			8. SEC CODE 2212

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME SANDRA WATERS	VICE PRESIDENT NAME JAMES WATERS
STREET ADDRESS 254 NARRAGANSETT AVE	STREET ADDRESS 254 NARRAGANSETT AVE
CITY BARRINGTON	CITY BARRINGTON
STATE RI	STATE RI
ZIP CODE 02806	ZIP CODE 02806
SECRETARY NAME	TREASURER NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	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	NO PAR VALUE		100		

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:

4/24/96

Check No:

0902

By:

ce

For Secretary of State Use Only

Signature of Officer

SANDRA WATERS

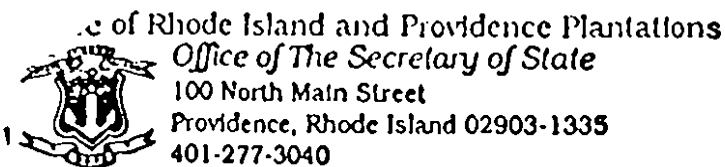
Print or Type Name of Officer

President

Title of Officer

4/14/96

Date



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

ANNUAL REPORT
Please Type or Print
File Annually - Jan. 1 - March
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: 0068490 Annual Report for the year: 1995

Name of Corporation: EAST BAY LAWN CARE

Business entity organized under the laws of the State of: RI Business Entity is (check one):

For foreign entity, address and telephone number of principal office: ☒ Business Corporation (See RI GL Chapter 7-1.1)
☐ Professional Service Corporation (See RI GL Chapter 7-5.1)

Phone: () Brief statement of the character of business conducted in Rhode Island:

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

254 NARRAGANSETT
BARRINGTON, R.I. 02806
Phone: (401) 246-0036
LANDSCAPING

THE NAMES OF THE OFFICERS ARE:

PRESIDENT SANDY WATERS 254 NARRAGANSETT ME. BARRINGTON RI 02806

VICE PRESIDENT JAMES WATERS 11 SAME 11 02806

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

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 (Rider may be attached)

Number of Shares 2000 Class / Series

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

Number of Shares Class / Series

Date 3/27, 19 95

By: James Waters
PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING VICE-PRES.

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.

APR 04 1995
SECY OF
OK # 602

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: 0068490 Annual Report for the year: 1994

Name of Business Entity: East Bay Lawn Care, 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: ()

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

254 NARRAGANSETT AVE.
BARRINGTON, R.I.
02806

Phone: 401 246-0096

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:

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

LANDSCAPING

Date of Organization:

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

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>SANDY WATERS</u>	<u>254 NARRAGANSETT AVE.</u>	<u>BARRINGTON, R.I.</u>	<u>02806</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>JAMES WATERS</u>	<u>SAME</u>	<u>SAME</u>	<u>SAME</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>SAME</u>		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 2000

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR 0

Date 1/29 19 94

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR
WITHOUT PAR

By: James Waters

JAMES WATERS
PRINT OR TYPE NAME OF OFFICER SIGNING

VICE - PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/94

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.

JAMES WATERS
254 NARRAGANSETT AVENUE
BARRINGTON RI 02806

2110
11704 305
CX # 602
SD

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 0068490 Annual Report for the year 1993

FIRST: The name of the corporation is East Bay Lawn Care, 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 N/A

FIFTH: Business address in Rhode Island 254 NARRAGANSETT
BARRINGTON, R.I. 02806

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

SANDY WATERS

President

254 NARRAGANSETT AVE. BARRINGTON

JAMES WATERS

Vice President

" " " " 02806 RI

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

1000

Class

A

CC-148
Series

Par Value
or statement that
shares are without
par value

NPV

EIGHTH: Number of Shares issued:

No. of Shares

200

Class

A

REC'D & FILED
Series

MAR 01 1993

Par Value
or statement that
shares are without
par value

NPV

Dated 1/14 19 93

(Report must be signed by an officer)

EAST BAY LAWN CARE INC.
(Name of Corporation)

By

James Waters

Title

VICE-PRESIDENT