

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

100 North Main Street Providence, RI 02903-1335

Corporations Division

401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRIN	TED IN BIACK)				
1. Corporate ID No. 68490	2. Name of Corporation East Bay Lawn C	are, Inc.	,		
3. Street Address Principal Business C. 254 NARRAGI		AUE	BARRINGTON	State RI	⁷¹⁹ 02806
1. Histiness Phone No. 401-246-0		5. State of Incorporation RHODE ISLAND			6. SIG Gode 2212
7. Briefarovide Agricultur	al"cand scaping an	D'LAWN'CARE SERVIC	ES TOTHE GENERAL PUBLIC.		
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	. —	CES BEFORE USING AT	TACHMENTS
	PATERS		JAMES W	ATERS	
	6ANSETT	Ave	254 NAPA	PAGANSE.	IT AVE
BARRINGTON	State RF	20006	"BARRINGTO	NO RI	200 BBC 1200 12 12 12 12 12 12 12 12 12 12 12 12 12
NONE			Treasurer Names ONE	_	
Sinvi Addres		 	Strvet Address	<u> </u>	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES Director Name O O O O O O O O O O O O O	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SP	ACES BEFORE USING A	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Ζιρ
Director Name MONY	A	J	Director Name		·····
Sinvi Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	CHMENT)	: 11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	 (¼
Number of Shares	Gass Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			NONE		
7°L:					
rais report must be s	igned in the by cithe	ir ind President, Vice Pr	esident, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or frustee
			Under penalty of periury	I declare and affirm that I	have examined this mount
		1		ing schedules and stateme	
File Date 3	05		Xordia	Woter	1/27/05
Check No. 240	1(Signiflure of Officer SANDRA	WATE	RS Date
Ву:			Print or Type Name of Office POP ST	PANT	
FOR SECRETARY OF STA	TE USE ONLY		Title of Officer		Form 630 Rev. 12/03

Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Stre

401.222.304

Providence, RI 02903-13; PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___ Filing Period: January 1 - March 1 2004 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation <u>6</u>8490 East Bay Lawn Care, Inc. 3. Street Address Principal Business Office BAPRINGTO 6. SIC Code RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE AGRICULTURAL LANDSCAPING AND LAWN CARE SERVICES TOTHE GENERAL PUBLIC. 2212 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address State City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Zip FILL IN SPACES BEFORE USING ATTACHMENTS NOV Director Name Street Address Street Address City State Zip City State or Name JO, Street Address Street Address City State 7.ip City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Vuniber of Shares ISSUED SHARES Class/Series Par Value Number of Shares Class/Series 2,000 NO PAR VALUE Par Value

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

ile Date	2.27.04
heck No	308
n	1CP
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I including any accompanyi contained herein are true a	declare and affirm that I have ng schedules and statements, and correct	examined this report, and that all statements
Signature of Officer	toneer.	02/26/04
SANDRA Print or Type Name of Office	WATERS	Date



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 TYTED OR PRINTED IN BLACK)	

1. Corporate ID No.

2. Name of Corporation

East Bay Lawn Care, Inc.

3. Street Address Principal Business Office

BARRIDUGTON

WATERS

RHODE ISLAND

MADUTENA NOO

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

WATERS NAFRA GANSETT AUC

nwora NARRAGANSPTT RRIDUMIN

NA FRAGANSETT ARE

NARRAGNISETT AVE

RRDUGTOSIU RI 2402806 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

UO NIP

City

City

Street Address

2,000 NO PAR VALUE

State

State

Zip

City

Street Address

State

Zip

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

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Check No .: .

Class/Series

Par Value

ISSUED SHARES Number of Shares

-

Class/Series

Par Value

NONY

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



8-25-03 File Date:

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

Title of Officer 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

STOP PLEASE READ INSTRUCTIONS

Filing Period: January	1-March 1 • F	iling Fee: \$50.00	CORT FOR IM	E YEAR _ 2002	PLEASE R
FORM MUST BE TYPED IN BLA		•			INSTRUCT
1. Carparate ID No.	2. Name of Corporation	1			
68490	East Bay Lawn	Care, Inc.			
3. Street Address Principal Business	Office		. City	State	7:-
254 NARA	eagansp	TI AUE	BARRINGT	W" RT	- Zip /ロ()へ
4. Rusiness Phone No.	~~~	S. State of Incorporation	011012	1 44	6. SIC Code
7. Brief Description of the Character	of Business Conducted in Ri	RHODE ISLAND	,	_	2212
LANDSCAPIA		UN MAIN	TANCE + FE	RITLIAN	ION
8. NAMES AND ADDRESS President Name	SES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES I	BEFORE USING ATTACHM	IENTS
C A . 1 A A .	NATERC		Vice President Name		_
Street Address	NATERS		JAMES	A. WATER	25
	AGANSET	T Ave	Street Address NAP	RAGANZET	T AVE
BARRING TON	Stale AT	Zip CVV		Tray State Barren	Zip
Ol ALKATION JOL	~ M	well	BARKINO	IUU KIL	1280C
NONNE			Treasurer Name		
Street Address			NONE		
WONE			Street Address NONE	,	
NANE	State	ZIp	City NIONE	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC			
Director Name		ORS CA BOA FOR ATTAC	Director Name A 2 A A	BEFORE USING ATTACH	MENTS
MONE			$\mathcal{N}_{\mathcal{O}}$	یا	
Street Address			Street Address A La J 13	ン	
NONE			Y1/1)/UQ	3.	
City A IM	State	Zip	City	State	Zip
10000				ر 🖍	••••
Director Name		• • • •	Director Name		
Street Address AAA			10010	\subseteq	
A)()(1)			Street Address A 10 4 19		
City	State	•.	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$		•
110134	Sinte	2.1p	City # 27 X \	State	Zip
10. SHARES AUTHORIZED	(*X* BOX FOR ATTACHN		10010	2	
AUTHORIZED SHARES	TA BUX FUR ATTACHN	MENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT) .	
Number of Shares	Class/Series	Par Value	ISSUED SHARES		
2,000 NO PAR VALUE		ini talue	Number of Shares	Class/Series	Par Value
PARALLE LAIL AVENE			NONE	NONE	NONE

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



File Date: 3/21/02	
Check No.: 02145	
AY:	
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

Date

Date

Date

Date

PRESIDENT
Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP
PLEASE RIAD
INSTRUCTIONS

riting rerioa: january 1-march 1	•	Filing Fee: \$50.00	
SOUND WILL BE THERE IN DAIL OUT			

IFUKM	MUSI	BE	77	PED	IN	BLACK)	

1. Corporate ID No. **68490**

. Name of Corporation
East Bay Lawn Care, Inc.

	2001 00, 20	an care, tuc.			
3. Street Address Principal Business C 254 NARRA 1. Business Phone No. 401–246–00	6ANSETT	AVL 5. State of Incorporation RHODE ISLAND	BARRINGTON	State RI	^{z19} 0230 (, 6. 4584
LANDSCAPING	of Business Conducted in Rho	MADUTANCE	FPRTILIZAT	TON	
3. NAMES AND ADDRESS President Name		RS ("X" BOX FOR ATTACH)	NENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACHMI	
ireei Address 254 NAFRAG	TPRS ANSETT		JAMES A. Street Address 254 NARA	WATERS PA GANSET	
SAPRIOSTON PECTETATY Name	State	02906	BARRINGTON Treasurer Name	State RT	21,0290C
MOVE			NON C Street Address		
iiy	State	Zip	City	State	Zip
NAMES AND ADDRESS	ES OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BI Director Name NONE Street Address	EFORE USING ATTACHN	1ENTS
lty	State	Zip	City	State	Zip
reet Address		• •	Street Address		•
lly	State	Zip	City	State	Zip
O. SHARES AUTHORIZED JTHORIZED SHARES	("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" BI	OX FOR ATTACHMENT)	
2,000 SHS NO PAR	Class/Series VALUE	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:	5.3-01	
Check No.:	2051	
Ву:	2	
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

PRESIDENT

Date

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

401-222-3040

ruing	Perioa:	january j	l-March	•	Filling	Fee:	\$50.00

(FORM MUST	RE	TYPED	IN	BLACK))
------------	----	-------	----	--------	---

1. Corporate ID No.

2. Name of Corporation

68490

East Bay Lawn Care, Inc.

3. Street Address Principal Business Of	17.4 1600547	IT AUP	"BARRING	$(\frac{\sin(x)}{2})$	-Zip ARV
1. Business Phone No.	000	5. State of Incorporation	DITTE		6. SIC Code 2212
- 401- کا 40- Brief Description of the Character o	-0096	RHODE ISLAND			2212
LAWN MAIN	TAITURE	LANDS	CAPILUG.		
8. NAMES AND ADDRESSE	ES OF THE OFFICER	S ("X" BOX FOR ATTACH		FORE USING ATTACHM	ENTS
SANDRA	WATPRS	>	Vice President Name TAMES	WATER	
Street Address 254 NAFRA 1	6ANSET	T Ave	Street Address ASY NAR	PAGANDE	TT AW
Cliv BARR BW6 TUI Secretary Name		00000	BARFID STO	No RI	2100006
NO NO			None Street Address		
City	State	Zip	Спу	State	Zip
9. NAMES AND ADDRESSE	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES E	BEFORE USING ATTACH	MENTS
Director Name NDNC			Director Name	120	
Street Address			Street Address	70	
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 ATTACHN	MENT)	11. SHARES ISSUED (*x*.	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR V	/ALUE		wone		

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



FOR SECRETARY OF STATE USE ONLY

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



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

STOP PU ASE READ INSTRUCTIONS

Filing Period: January	l-March 1 • Fi	ing Fee: \$50.00	OKI FOR THE	IEAR TOOS	PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLAC					
1. Corporate ID No. 68490	2. Name of Corporation East Bay Lawn	Care, Inc.	·		• • •
3. Street Address Principal Business O 254 WARR 4. Business Phone No. 401-24	AGANSY	5. State of Incorporation	"BARRING	VN RI	21p 200 6. SIC Code 2212
2. Brief Description of the Character of LANDSCAPI	f Business Conducted in Rho	de Island FWN CAN	ee_		
8. NAMES AND ADDRESS	ES OF THE OFFICER	S ("X" BOX FOR ATTACH	MENT) 4 FILL IN SPACES BEF	ORE USING ATTACHMI	ENTS
SANDRA Street Address			JAMES Street Address	WATER	S.
	AGANSE			CRAGANS	
City BAKRINGTON Secretary Name	State RJ	02806.	BARRING Treasurer Name	TON RI	·210000
Sireli Address			Street Address	2	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI Director Name WON Street Address	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B Director Name		MENTS OF THE
City	State	Zip	City	State	Zip
Street Address			Director Name O Street Address	2	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHN	MENT) !	11. SHARES ISSUED (*x*)	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR V	ALUE		more		
This report must be signed	1 in ink by either t		resident, Secretary, Assista	nt Secretary, Treasurer	, Receiver or Truste

	* 6 8 4 9 0 *					
File Date:	1-15-99					
Thank blo.	1518					

AMF

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

Print or More Name of Offices



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

TYPED IN BLACK)

1. Corporate ID No. **68490**

. Name of Corporation East Bay Lawn Care, Inc.

3. Street Address	Principal	Business Office
254	NA	RRAGE

254 NARRAGANSETT AUG 4. Business Phone No. 401-246-0096 SHIODE ISLAND

BARRIDOGTON"

401-246-0096

7. Brief Description of the Character of Business Conducted in Rhode Island LAWNCARE / LAND SCAPING

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

SANDRA

WATERS

Vice President Name

A. WATEKS

WARRAGANSET AVE

NARRAGANSETT AVE

677NU RT 2100806

NONE

Street Address

Street Address

City

City

State

Zio

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

Director Name

NONG.

Director Name

Director Name

Street Address

DONE

Street Address

Street Address

City

City

State

City

Zip

Director Name

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ZERNAHZ CERUZZI

Number of Shares

Class/Series

2,000 SHS NO PAR VALUE

MONE

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



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 ments contained hegein are true and correct.

Title of Officer





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.

2. Name of Corporation

68490

AUTHORIZED SHARES

2,000 SHS NO PAR VALUE

Number of Shares

East Bay Lawn Care, Inc.

3.	Street	Address	Principal	Business	Offic
----	--------	---------	-----------	----------	-------

Zip

	- 246-0096	RHODE	SLAND		2212
	in of the Character of Business Conduc	ted in Rhode Island			
	SCAPING -	LAWN	MAINTAINC	10 - FERT.	ILI ZATIO.
8. NAMES A	ND ADDRESSES OF THE O	FFICERS (*X* BOX FOR	R ATTACHMENT)		
President Name			Vice President Name		
SAN (DRA WATE	RS	JAMES	A. WA	TERS
254 1	UARFAGANSETT	- Ave	Street Address 254 NA	RRAGANSE	TT AUR
City	State	Zip	City	State	7000
BARRI/	USTON State	01806	BAKRINGT	ON RI	02904
•	UONE		Treasurer Name	–	
	00102		NOT	06	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AT	ND ADDRESSES OF THE D	IRECTORS (*X* BOX F	 OR ATTACHMENT)	•	
Director Name			5 1 11		
,	NONE		$\mathcal{N}_{\mathcal{C}}$	NE	
Street Address	_		Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name	• • • • •	
/	UONE			NP	
Street Address			Street Address		
City	State	710	Cin.		

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

City

ISSUED SHARES

Number of Shares

NONE



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

Class/Serles

Zip

Par Value

File Date:	4/11/97	
Check No.:	1116	
Ву:	COM	
COR CCORT		

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

State

Class/Series



PROFIT CORPORATION

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

TAKINNA	REPORT · ~	
	1	

Filing Period: January 1-March 1 Filing Fee: \$50.00 PLEASE TYPE OR PRINT IN BLACK INK. 1 CORPORATE ID NO. 2. NAME OF CORPORATION 68490 East Bay Lawn Care, Inc. 3 STREET ADORESS PROICIPAL BUSINESS OFFICE ZIP CODE NARRAGANSE 7. BAREF DESCRIPTION OF THE CHARACTER OF BUSINESS TOMOUCTED IN INDICE STAND RHODE ISLAND CARE - LANOSCAP SANDRA STREET ADDRESS STREET ADDRESS 20° COOE ንንንያለና ADDRESSES OF THE DIRECTORS DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADDRESS STATE ZIP CODE STATE **ZP** 000€ DIRECTOR NAME DIRECTOR NAME STREET ADORESS STREET ADORESS TAIR 2063 93 STATE 10. AUTHORIZED **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

File Date: Check No:

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

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 REPOR

Please Type or Pri File Annually – Jan. 1 - March Filing Fee \$50.0

Make Checks Payable to: Secretary of Sta

ALL ENTRIES MUST BE COMPLETED IN FULL OR	THE FO	rm will be ret	TURNED.	
Corporate ID: 0068490		nual Report for the ye	1006	
Name of Corporation: GAST BAYS	i awn	CARC	- , , ,	
Business entity organized under the laws of the State of:)	Business Entity is (che	ck one):	
For foreign entity, address and telephone number of principal office:			tion (See RIGL Chapter 7-	.i n
			ice Corporation (See RIGI	
	_	•		antigration coup
Phone: ()		Brief statement-of-the c	haracter of business condu	icted in Rhode Island;
Address and telephone of the principal office of business entity in Rhode				
Island (Provide street address - Not, P.O. Box):				
254 NARRAGANOTT	7	ANI	SCADING	
BOOLEVAL OT	_ .		U	
OHIGIANO TOTO, K. D.	Z X 06			
Phone: (901)246-0076				
THE NAMES	OF THE C	FFICERS ARE:		<u>_</u> _
	TREET ADDRESS	I I CERO ARD.	CTIYISTATE	21P COD
SANDY WATERS 25	TY RIA	PRAGALIST	TALL RADA	PINGTONRIL
VICE PRESIDENT	REET ADDRESS	<u> </u>	CHATATE SARRE	712 0000
Arts WATTED	•	1 CAME	• • •	⁰ 28 0 6
SECRETARY	REET ADDRESS	<u> </u>	CITY/STATE	ZIP COOK
TREASURER 5TT	REET ADDRESS		CITY/STATE	ZIP COOK
THE NAMES C	OF THE DI	RECTORS ARE:		
	REET ADDRESS		CITYATATE	ZIP CODE
NOME STORY	REFLACURES		CHANGE LAND	
410°			CITYSTATE	ZIP CODE
HUMES STO	REET ADORESS		CITYSTATE	<u></u>
				21 000
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NU	MBER OF SHARES ISSU	ED AND OUTSTANDING (I	Rider may be attached)
Number of Shares ZOOO Class / Series	Мил	nber of Shares	Class / Series	
	· 1			
•		· ·		• •
•	·	•	•	
· · · · · · · · · · · · · · · · · · ·			·	
olan a		\a ///	\mathcal{L}	
Date	r	Flynos / /G	(0/s	
, ·		TAMES U	UATORS .	
	NT OR TYPE YAM LE OF OFFICER SI	4		
		// /	- MCES.	· · · · · · · · · · · · · · · · · · ·
DESIGNATED REGISTERED				
PLEASE NOTE: If the registered office and/or registered agent indicated	below is inco	orrect, Form 9 must be fi	led.	

Filing Feva\$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

100 North Main Street
Providence, Rhode Island 02903-1335
401-277 3040

Corporate ID:	0068490	Annual Report for the year: 1994	
Name of Business Entity	y:	East Bay Lawn Care, Inc.	
•	nder the laws of the State of	Business Entity is (check one) [Vi Business Corporation (See RIGI, Chapter 7-1.1)	
Federal Taxpuyer Identification For foreign entity and bess in	tion Number	Professional Service Corporation (See RIGL Chapter 7-5 Lumited Liability Company (See RIGL 7-16)	i.D
	ereprone trainset or practical office.	Name, title and mailing address of contact person to whom communications may be directed:	
	·		
Phone ()		_	
Address and telephone of the Island (Provide street address	e principal office of business entity in Rhode	•	
254 A	VARRAGANSOIT AVE INGTON, R.I.	Buef statement of the character of business conducted in Rhode Islan	id:
	08.80	Date of Organization.	
Phene. (401) 24.	6- <u>0096</u> _	Date of Qualification to do business in Rhode Island (if foreign entity	7)
	THE NAME	ES OF THE OFFICERS ARE:	_
CHIEF ENECUTIVE OFFICER OF	SANDY WATER	STREET ADUREAS CITY-STATE	CODE
 ไป หมูยางพระสนาเพลาะพระบริเทศ เป็น 	JOHES MATERIAL	STREET ADDRESS COTYSTATE SPACE NO STATE OF STREET ADDRESS COTYSTATE	800
CUSTOD AN GERECORDS OR	SEL RITARY Check One)	STREET ADDRESS CONVITATE ZIP	ecupe.
CHEE FINANCIAL OFFICER OR	TREASURER (Cherk One)	STREET ADDRESS CUD STATE	r CODE
NAME.	THE NAMES	S OF THE DIRECTORS ARE: STREET ACCRESS CHYSCATE 709	CO96
NAME .	- SANK	PRODUCT ADDRESS CITY STATE 7/P	CODE
Name		STREET ADDRESS CITY STATE ZIF	CODI
NUMBER OF SHARES A	UTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable	
NUMBER 2000		NUMBER	
CLASS		CLASS	
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR) 	PAR VALUE OR WITHOUT PAR	
Date /	1 <u>299 </u> 4	By: Janes Utiles	
		PRINT OK TYPE NAME, OF OFF CRESKANSC	—
		TITLE DE LOS ECCES SESSING	—
Form 31 1/94			
	DES <u>IGNATED REGISTE</u> RED 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.

- 2014 365 - 2014 365 - CX # 602 - 802

2410

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00504	90 	Annual Re	port for the year	1933
FIRST: The name of the	corporation is		•	
SECOND: It is incorporat THIRD: Character of bus				Σ
FOURTH: If foreign corpo	oration, address of its p	rincipal office	NA	
FIFTH: Business address i	n Rhode Island 2	54 NAPRG BARR	10AN 5677 INGTON,	- R.I. 02826
SIXTH: Names and addre	sses of its directors and		(ss (including number, street	Attach rider if necessary)
SANDY WATER JAMES WA	Director Director President Vice Preside Secretary	<i>ZSY NAB</i> E		AVE. BARRINGTO
	Treasurer			
SEVENTH: Number of Sha	res authorized: Class	U Asenes		Par Value or statement that lares are without par value
EIGHTH: Number of Share	es issued: Class A	Series A		Par Value r statement that ares are without par value WPV
Dated 1/4	()	Jame of Corporation) James	1 /	ec Inc.
(Report must be signed by	an officer) Ti	tle / VICE	-PRESI	AGUT