

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 (FORM MUST BE TYPED IN		Filing Fee: \$50.00				
1. Corporate ID No.	2. Name of Co	moration				
116993		fulch & Loam, Inc.				
3. Street Address Principal Bus	iness Office		City	State	Zip	
1500 SOUTH COUNT	Y TRAIL		EAST GREENWICH	RI	02818-	
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Code	
: 4018850600 RHODE ISLA		ND		5884		
7. Brief Description of the Cha OUTDOOR SALES OF L	racter of Business (Conducted in Rhode Island BLATED MATERIALS.	MULCH, STONE, BTC.			
8. NAMES AND ADDRES	SSES OF THE C	FFICERS ("X" BOX FOR	ATTACHMENT) TILL IN SPACE	ES BEFORE USING A	TTACHMENTS	
1 President Name	· • · · · · · · ·		Vice President Name	CIO DEI ORE COILIOA	- TACINICATO	
SEAN REYNOLDS			LEONARD REYNOLDS			
Street Address		····	Street Address		 .	
1500 SOUTH COUNTY	TRAIL		SAME			
City	State	Zip	City	State	Zip	
, EAST GREENWICH	RI	02818	•			
Secretary Name	• • • • • • •		Tréasurer Name	• • • • • • • • • •		
LINDA REYNOLDS			LINDA REYNOLDS		/	
Street Address			'Street Address			
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NONE			. Director Name			
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			this report, including ar			
116993 DBC 01/13/05 02:33:57 PM		and that all statements contained herein are true and correct.				
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File Date			secrifle	s Coll 1	120/05	
Charles de	1112		Signature of Officer	, - - - -	Date 4	
Check No			Sean Reynolds			
. 6	De		Print or Type Name of Off	icer	 -	
Βχ:		- 1	President			
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/01	
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(FORM MUST BE TYPEL					
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116993		lulch & Loam, Inc.	<u> </u>		
3. Street Address Principal			City	State	Zip
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4. Business Phone No.		5. State of Incorpore			6. SIC Code
. 401-885-0600		RHODE ISLA	ND		5884
7. Brief Description of the OUTDOOR SALES OF	Character of Business C LANDSCAPING R	Conducted in Rhode Island ELATED MATERIALS.	MULCH, STONE, ETC.		~~- <u></u>
8. NAMES AND ADD	RESSES OF THE O	FFICERS /"Y" ROY FOR	ATTACHMENTS CILL IN COLG	re arrows vonio	
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR President Name		Vice President Name	ES BELOKE OSING	TTACHMENTS	
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1500 SOUTH COUN	NTY TRAIL		SAME		
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LINDA REYNOLDS			LINDA REYNOLDS		
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E1 (100) Vera					
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' 1	0 y y 3 ·		Under penalty of perjury,	I declare and affirm	that I have examined
	 .		this report, including any	accompanying sched	ules and statements,
116993 DBC 01/09)/04 12:08:20 PM	•	and that all statements eo	ntained herein are tru	e and correct.
File Date - 6-	04			010	1-11
		-	xunher	in all	113/04
Check No. 315	7		Signature of Officer	, — <u>1</u>	Sale / 7
		-]	Sean Reynold		•
B _{Y:}			Print or Type Name of Offic	er	-
		-	President		
FOR SECRETARY OF STA	TE USE ONLY		Tule of Officer	_	Form 630 12/01
					FORM 030 12/01



FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation *116993* Watson Mulch & Loam, Inc. 3. Street Address Principal Business Office Cirv State Zip 1500 SOUTH COUNTY TRAIL EAST GREENWICH RI 02818-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4018850600 **RHODE ISLAND** 5884 7. Brief Description of the Character of Business Conducted in Rhode Island
OUTDOOR SALES OF LANDSCAPING RELATED MATERIALS. MULCH, STONE, ETC. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name SEAN REYNOLDS LEONARD REYNOLDS Street Address Street Address 1500 SOUTH COUNTY TRAIL . SAME Ciry State Zip City State Zio EAST GREENWICH RΙ 02818 Secretary Name Treasurer Name LINDA REYNOLDS LINDA REYNOLDS Street Address Sireei Address SAME SAME 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 NONE Street Address Street Address City State Zip ·City State Zip Director Name Director Name Street Address Street Address City State .Cin Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Par Value Number of Shares Number of Shares Class/Series Class/Series Par Value 2,000 NO PAR VALUE COMMON NO PAR VALUE 1,000 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. *116993 DBC1/10/0312:34:40 PM* File Date Signature of Officer Check No. Sean Reynolds Print or Type Name of Officer

President

Title of Officer



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

401.277.2040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: lanuary 1-March 1 . Filling Fee: \$50.00

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116993		MULCH & LOAM, IN	IC.		
3. Street Address Principal Busine 1500 SOUTH CO			City EAST GREENWICH	State RI	zı _p 02818
4. Business Phone No.		5. State of Incorporatio			6. SIC Code
885-0600		RHODE ISL	AND JR		5884
7. Brief Description of the Character TO SELL, DELI			GRAVEL , GRAL, STONE, ROCK	AND OTHER LAN	
		FFICERS ("X" BOX FOR ATT			
President Name			Vice President Name		
SEAN REYNOLDS			LEONARD REYNOLDS	S	•
Street Address			Street Address		
1500 SOUTH CO	UNTY TRAIL		1500 SOUTH COUNT	TY TRAIL	
City	State	ZIP	City	State	Zip
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Secretary Name			Treasurer Name		
LINDA REYNOLD	S		LINDA REYNOLDS		
Street Address			Street Address		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

e Date	4.8.02
	1681
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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 SEAN REYNOLDS

Print or Type Name of Officer

PRESIDENT

Title of Officer

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