



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 IN BLACK)

1. Corporate ID No. 116993		2. Name of Corporation Watson Mulch & Loam, Inc.		
3. Street Address Principal Business Office 1500 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI	Zip 02818-
4. Business Phone No. 4018850600		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name SEAN REYNOLDS		Vice President Name LEONARD REYNOLDS		
Street Address 1500 SOUTH COUNTY TRAIL		Street Address SAME		
City EAST GREENWICH	State RI	Zip 02818	City	State
Secretary Name LINDA REYNOLDS		Treasurer Name LINDA REYNOLDS		
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE		
City	State	Zip	City	State
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		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
2,000 NO PAR VALUE			1,000	COMMON
				NO PAR VALUE

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



1 1 6 9 9 3

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.

Sean Reynolds 1/20/05
Signature of Officer Date

Sean Reynolds
Print or Type Name of Officer

President
Title of Officer

116993 DBC 01/13/05 02:33:57 PM
File Date 1-25-05
Check No. 1112
By: OR
FOR SECRETARY OF STATE USE ONLY



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 2004

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(FORM MUST BE TYPED IN BLACK)

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3. Street Address Principal Business Office 1500 SOUTH COUNTY TRAIL		City EAST GREENWICH	State RI
4. Business Phone No. 401-885-0600		5. State of Incorporation RHODE ISLAND	6. SIC Code 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 SEAN REYNOLDS			Vice President Name LEONARD REYNOLDS		
Street Address 1500 SOUTH COUNTY TRAIL			Street Address SAME		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name LINDA REYNOLDS			Treasurer Name LINDA REYNOLDS		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
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 NONE			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) ☐

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

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

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

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



1 1 6 9 9 3

116993 DBC 01/09/04 12:08:20 PM

File Date 1-16-04

Check No. 3158

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] 1/13/04

Sean Reynolds

Print or Type Name of Officer

President

Title of Officer



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 IN BLACK)

1. Corporate ID No. *116993*		2. Name of Corporation Watson Mulch & Loam, Inc.			
3. Street Address Principal Business Office 1500 SOUTH COUNTY TRAIL			City EAST GREENWICH	State RI	Zip 02818-
4. Business Phone No. 4018850600		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SEAN REYNOLDS			Vice President Name LEONARD REYNOLDS		
Street Address 1500 SOUTH COUNTY TRAIL			Street Address SAME		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name LINDA REYNOLDS			Treasurer Name LINDA REYNOLDS		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
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Director Name NONE			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) <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 NO PAR VALUE			1,000	COMMON	NO PAR VALUE

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



* 1 1 6 9 9 3 *

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File Date 1-17-03

Check No. 2395

By: up

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.

Sean Reynolds 1/16/03
Signature of Officer Date
Sean Reynolds
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 FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

116993

2. Name of Corporation

WATSON MULCH & LOAM, INC.

3. Street Address Principal Business Office

1500 SOUTH COUNTY TRAIL,

City

EAST GREENWICH

State

RI

Zip

02818

4. Business Phone No.

885-0600

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5884

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

GRAVEL
TO SELL, DELIVER & STORE MULCH, LOAM, SAND, GRAL, STONE, ROCK AND OTHER LANDSCAPING

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

President Name

SEAN REYNOLDS

Vice President Name

LEONARD REYNOLDS

Street Address

1500 SOUTH COUNTY TRAIL

Street Address

1500 SOUTH COUNTY TRAIL

City

EAST GREENWICH

State

RI

Zip

02818

City

EAST GREENWICH

State

RI

Zip

02818

Secretary Name

LINDA REYNOLDS

Treasurer Name

LINDA REYNOLDS

Street Address

SAME AS ABOVE

Street Address

SAME AS ABOVE

City

State

Zip

City

State

Zip

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

Director Name

NONE

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

2000

COMMON

NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

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: 4-8-02
14841

Check No.: 2

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] 3/25/02
Signature of Officer Date

SEAN REYNOLDS

Print or Type Name of Officer

PRESIDENT

Title of Officer

116993