



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. 70598		2. Name of Corporation MIGHTY MOW LAWN CARE COMPANY			
3. Street Address Principal Business Office 32 CARLSON DRIVE			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. (401) 334-1034		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island LAWN CUTTING AND FERTILIZATION, SHRUB TRIMMING ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRUCE WAYNE DUCKWORTH			Vice President Name JOYCE ANN DUCKWORTH		
Street Address 32 CARLSON DRIVE			Street Address 32 CARLSON DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name JOYCE ANN DUCKWORTH			Trustee Name BRUCE WAYNE DUCKWORTH		
Street Address 32 CARLSON DRIVE			Street Address 32 CARLSON DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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"/>			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
200	\$1.00 PAR VALUE		NONE		

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



FILED

File Date: MAR 03 2005 4915

Check No. _____

By: UB

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.

Bruce W. Duckworth 2-26-05
Signature of Officer Date

BRUCE W. DUCKWORTH
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. 70598		2. Name of Corporation MIGHTY MOW LAWN CARE COMPANY			
3. Street Address Principal Business Office 32 CARLSON DRIVE			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. (401) 334-1034		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island LAWN CUTTING AND FERTILIZATION, SHRUB TRIMMING ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BRUCE WAYNE DUCKWORTH			Vice President Name JOYCE ANN DUCKWORTH		
Street Address 32 CARLSON DRIVE			Street Address 32 CARLSON DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name JOYCE ANN DUCKWORTH			Treasurer Name BRUCE WAYNE DUCKWORTH		
Street Address 32 CARLSON DRIVE			Street Address 32 CARLSON DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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"/>					
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
200 \$1.00 PAR VALUE			NONE		

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



* 7 0 5 9 8 *

File Date 2-18-04

Check No. 4684

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] 2-10-04
Signature of Officer Date
BRUCE W. DUCKWORTH
Print or Type Name of Officer
PRESIDENT
Title of Officer

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. **70598** 2. Name of Corporation **MIGHTY MOW LAWN CARE COMPANY**
3. Street Address Principal Business Office
32 CARLSON DRIVE City **CUMBERLAND** State **RI** Zip **02864**
4. Business Phone No. **(401) 334-1034** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code **02864-6604**
2212

7. Brief Description of the Character of Business Conducted in Rhode Island
LAWN MOWING, SMALL SHRUB PLANTING, MULCH

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

President Name **BRUCE WAYNE DUCKWORTH**
Street Address **32 CARLSON DRIVE**
City **CUMBERLAND** State **RI** Zip **02864**

Vice President Name **JOYCE ANN DUCKWORTH**
Street Address **32 CARLSON DRIVE**
City **CUMBERLAND** State **RI** Zip **02864**

Secretary Name **JOYCE ANN DUCKWORTH**
Street Address **32 CARLSON DRIVE**
City **CUMBERLAND** State **RI** Zip **02864**

Treasurer Name **BRUCE WAYNE DUCKWORTH**
Street Address **32 CARLSON DRIVE**
City **CUMBERLAND** State **RI** Zip **02864**

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
200 \$1.00 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



* 7 0 5 9 8 *

File Date: 4-22-03
Check No.: 4439
By: ILP

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 Bruce W. Duckworth Date 3-11-03
Print or Type Name of Officer BRUCE W. DUCKWORTH
Title of Officer PRES



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. **70598** 2. Name of Corporation **MIGHTY MOW LAWN CARE COMPANY**
3. Street Address Principal Business Office **32 CARLSON DRIVE** City **CUMBERLAND** State **RI** Zip **02864**
4. Business Phone No. **(401) 334-1034** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
LAWN MOWING, SMALL SHRUB PLANTING, MULCH

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

President Name BRUCE WAYNE DUCKWORTH Street Address 32 CARLSON DRIVE City CUMBERLAND State RI Zip 02864	Vice President Name JOYCE ANN DUCKWORTH Street Address 32 CARLSON DRIVE City CUMBERLAND State RI Zip 02864
--	---

Secretary Name JOYCE ANN DUCKWORTH Street Address 32 CARLSON DRIVE City CUMBERLAND State RI Zip 02864	Treasurer Name BRUCE WAYNE DUCKWORTH Street Address 32 CARLSON DRIVE City CUMBERLAND State RI Zip 02864
--	--

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

Director Name none Street Address none City none State none Zip none	Director Name none Street Address none City none State none Zip none
---	---

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

AUTHORIZED SHARES
Number of Shares **200** Class/Series **\$1.00** Par Value **PAR VALUE**

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

ISSUED SHARES
Number of Shares **none** Class/Series **none** 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: 2-14-02
Check No.: 4154
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] 2-11-02
Signature of Officer Date
BRUCE W. DUCKWORTH 02/11/02
Print or Type Name of Officer
PRESIDENT
Title of Officer

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. **70598** 2. Name of Corporation **MIGHTY MOW LAWN CARE COMPANY**

3. Street Address Principal Business Office **32 CARLSON DRIVE** City **CUMBERLAND** State **RI** Zip **02864**
4. Business Phone No. **(401) 334-1034** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
LAWN MOWING, SMALL SHRUB PLANTING, MULCH

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

President Name **BRUCE WAYNE DUCKWORTH**
Street Address **32 CARLSON DRIVE**
City **CUMBERLAND** State **RI** Zip **02864**

Vice President Name **JOYCE ANN DUCKWORTH**
Street Address **32 CARLSON DRIVE**
City **CUMBERLAND** State **RI** Zip **02864**

Secretary Name **JOYCE ANN DUCKWORTH**
Street Address **32 CARLSON DRIVE**
City **CUMBERLAND** State **RI** Zip **02864**

Treasurer Name **BRUCE WAYNE DUCKWORTH**
Street Address **32 CARLSON DRIVE**
City **CUMBERLAND** State **RI** Zip **02864**

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
200 SHS \$1.00 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



* 7 0 5 9 8 *

File Date: 8-24-01
Check No.: 4020
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]
Signature of Officer Date
BRUCE W. DUCKWORTH 08/14/01
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **70598** 2. Name of Corporation **NIGHTY MOW LAWN CARE COMPANY**
3. Street Address Principal Business Office **32 CARLSON DRIVE** City **CUMBERLAND** State **RI** Zip **02864**
4. Business Phone No. **(401) 334-1034** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
LAWN MOWING, SMALL SHRUB PLANTING, MULCH

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

President Name BRUCE WAYNE DUCKWORTH Street Address 32 CARLSON DRIVE City CUMBERLAND State RI Zip 02864	Vice President Name JOYCE ANN DUCKWORTH Street Address 32 CARLSON DRIVE City CUMBERLAND State RI Zip 02864
Secretary Name JOYCE ANN DUCKWORTH Street Address 32 CARLSON DRIVE City CUMBERLAND State RI Zip 02864	Treasurer Name BRUCE WAYNE DUCKWORTH Street Address 32 CARLSON DRIVE City CUMBERLAND State RI Zip 02864

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

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200 SHS \$1.00 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



* 7 0 5 9 8 *

File Date: 4/27/00

Check No.: 36007

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] 4-5-00
Signature of Officer Date

BRUCE W. DUCKWORTH **04/05/00**
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. **70598** 2. Name of Corporation **MIGHTY MOW LAWN CARE COMPANY**

3. Street Address Principal Business Office **32 CARLSON DRIVE** City **CUMBERLAND** State **RI** Zip **02864**

4. Business Phone No. **(401) 334-1034** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
LAWN MOWING, SMALL SHRUB PLANTING, MULCH

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

President Name BRUCE WAYNE DUCKWORTH	Vice President Name JOYCE ANN DUCKWORTH
Street Address 32 CARLSON DRIVE	Street Address 32 CARLSON DRIVE
City CUMBERLAND State RI Zip 02864	City CUMBERLAND State RI Zip 02864
Secretary Name JOYCE ANN DUCKWORTH	Treasurer Name BRUCE WAYNE DUCKWORTH
Street Address 32 CARLSON DRIVE	Street Address 32 CARLSON DRIVE
City CUMBERLAND State RI Zip 02864	City CUMBERLAND State RI Zip 02864

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

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

AUTHORIZED SHARES	Class/Series	Par Value
200 SHS	\$1.00	PAR VALUE

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

ISSUED 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: May 9, 99
Check No.: 3240
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]
Signature of Officer **BRUCE W. DUCKWORTH** Date **03/05/99**

Print or Type Name of Officer
PRESIDENT

Title of Officer



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. **70598** 2. Name of Corporation **MIGHTY MOW LAWN CARE COMPANY**
3. Street Address Principal Business Office **32 CARLSON DRIVE** City **CUMBERLAND** State **RI** Zip **02864**
4. Business Phone No. **(401) 334-1034** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

7. Brief Description of the Character of Business Conducted in Rhode Island
LAWN MOWING, SMALL SHRUB PLANTING, MULCH

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

President Name BRUCE WAYNE DUCKWORTH Street Address 32 CARLSON DR., City CUMBERLAND State RI Zip 02864	Vice President Name JOYCE ANN DUCKWORTH Street Address 32 CARLSON DR. City CUMBERLAND State RI Zip 02864
Secretary Name JOYCE ANN DUCKWORTH Street Address 32 CARLSON DR. City CUMBERLAND State RI Zip 02864	Treasurer Name BRUCE WAYNE DUCKWORTH Street Address 32 CARLSON DR. City CUMBERLAND State RI Zip 02864

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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
200 SHS	\$1.00	PAR VALUE

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

ISSUED 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: 1.14.98
Check No.: 2908
By: WD

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.
Bruce W. Duckworth 1-8-98
Signature of Officer Date
BRUCE W. DUCKWORTH 01/08/98
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **70598** 2. Name of Corporation **MIGHTY MOW LAWN CARE COMPANY**
3. Street Address Principal Business Office
32 CARLSON DRIVE City **CUMBERLAND** State **RI** Zip **02864**
4. Business Phone No. **401-3341034** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2212**

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

LAWN CARE, MINOR LANDSCAPING

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

President Name BRUCE WAYNE DUCKWORTH Street Address 32 CARLSON DRIVE City CUMB. State RI Zip 02864	Vice President Name JOYCE ANN DUCKWORTH Street Address 32 CARLSON DRIVE City CUMB. State RI Zip 02864
Secretary Name JOYCE ANN DUCKWORTH Street Address 32 CARLSON DRIVE City CUMB. State RI Zip 02864	Treasurer Name BRUCE WAYNE DUCKWORTH Street Address 32 CARLSON DRIVE City CUMB. State RI Zip 02864

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

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

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

AUTHORIZED SHARES Number of Shares 200 SHS \$1.00 PAR VALUE	ISSUED SHARES Number of Shares NONE
--	--

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



File Date: 3-3-97
Check No.: 25631
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: [Signature] Date: 2-20-97
Print or Type Name of Officer: BRUCE W. DUCKWORTH
Title of Officer: PRESIDENT

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. 70598	2. NAME OF CORPORATION MIGHTY MOW LAWN CARE COMPANY		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 32 CARLSON DRIVE	CITY CUMBERLAND	STATE RHODE ISLAND	ZIP CODE 02864
4. BUSINESS PHONE NO. (401) 334-1034	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 2212
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND LAWN MOWING, SMALL SHRUB PLANTING, MULCH			

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME BRUCE WAYNE DUCKWORTH			VICE PRESIDENT NAME JOYCE ANN DUCKWORTH		
STREET ADDRESS 32 CARLSON DR.			STREET ADDRESS 32 CARLSON DR.		
CITY CUMBERLAND	STATE RI	ZIP CODE 02864	CITY CUMBERLAND	STATE RI	ZIP CODE 02864
SECRETARY NAME (SAME AS VICE PRESIDENT)			TREASURER NAME (SAME AS PRESIDENT)		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME n/a			DIRECTOR NAME n/a		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	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
200 SHS	\$1.00 PAR VALUE		— 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.

File Date: 2/12/96
Check No: 2096
By: CP

Signature of Officer: *Bruce W. Duckworth*
Print or Type Name of Officer: BRUCE W. DUCKWORTH
Title of Officer: PRES.
Date: 1-22-96

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0070598 Annual Report for the year: 1995

Name of Corporation: MIGHTY MOW LAWN CARE COMPANY

Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:
N/A

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1-1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
32 CARLSON DR
CUMBERLAND R.I. 02864
 Phone: (401) 334 1034

Brief statement of the character of business conducted in Rhode Island:
LAWN CARE / LANDSCAPING

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>BRUCE W. DUCKWORTH</u>	<u>32 CARLSON DR</u>	<u>CUMBERLAND RI 02864</u>
VICE PRESIDENT	<u>JOYCE A. DUCKWORTH</u>	<u>S/A/A</u>	
SECRETARY	<u>JOYCE A. DUCKWORTH</u>	<u>S/A/A</u>	
TREASURER	<u>BRUCE W. DUCKWORTH</u>	<u>S/A/A</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>N/A</u>		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>200</u>		<u>N/A</u>	

Date: 2-20, 19 95
 By: Bruce W. Duckworth
 PRINT OR TYPE NAME OF OFFICER SIGNING: BRUCE W. DUCKWORTH
 TITLE OF OFFICER SIGNING: PRESIDENT

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.

BRUCE W. DUCKWORTH
 32 CARLSON DRIVE
 CUMBERLAND RI 02864

PAID
 FEB 22 1995
 OK # 1654 220

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT *Ch # 1293 MNC* File Annually
State of Rhode Island and Providence Plantations *\$50.00* LLC Sept 1 - Nov 1
Office of The Secretary of State CORP Jan 1 - March 1
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Corporate ID: 0070598 Annual Report for the year: 1994

Name of Business Entity: MIGHTY MOW LAWN CARE COMPANY

Business entity organized under the laws of the State of: RI

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):

32 CARLSON DRIVE

CUMBERLAND

Phone: 401-334-1034

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:

BRUCE W. DUCKWORTH-PRES,

32 CARLSON DR.

CUMBERLAND, RI 02864

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

LAWN CARE/MINOR LANDSCAPING/SNOW REMOVAL

Date of Organization: 11-25-92

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"/> RESIDENT CHIEF OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT CHIEF OFFICER	<u>BRUCE W. DUCKWORTH 32 CARLSON DR. CUMB. RI 02864</u>	<u>CUMB. RI</u>	<u>02864</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY CHIEF OFFICER	<u>JOYCE A. DUCKWORTH 32 CARLSON DR. CUMB. RI 02864</u>	<u>CUMB. RI</u>	<u>02864</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER CHIEF OFFICER	<u>JOYCE</u>		
	<u>BRUCE</u>		

THE NAMES OF THE DIRECTORS ARE:

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

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
<u>200</u>		<u>200</u>	<u>COMMON</u>
		<u>APR 12 1994</u>	
PAR VALUE OR WITHOUT PAR	<u>\$1.00/ea.</u>	PAR VALUE OR WITHOUT PAR	<u>By MNC</u>

Date MARCH 2, 1994

By: *Bruce W. Duckworth*

BRUCE W. DUCKWORTH

PRINT OR TYPE NAME OF OFFICER SIGNING

PRES.

TITLE OF OFFICER SIGNING

Form 31 1994

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.

BRUCE W. DUCKWORTH
32 CARLSON DRIVE
CUMBERLAND RI 02864

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

1015 J12
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0070588 Annual Report for the year 1993

FIRST: The name of the corporation is MIGHTY MOW LAWN CARE COMPANY

SECOND: It is incorporated under the laws of _____

THIRD: Character of business, briefly stated, is LAWN CARE

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 32 CARLSON DR.
CUMBERLAND, R.I. 02864

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

Name Office Address (including number, street, zip code)

..... Director

..... Director

..... Director

BRUCE W. DUCKWORTH President 32 CARLSON DR. CUMB. R.I. 02864

JOYCE A. DUCKWORTH Vice President - SAME -

JOYCE Secretary - SAME -

BRUCE Treasurer - SAME -

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	(ONE CLASS ONLY)		\$ 1.00 EA.

EIGHTH: Number of Shares issued:

No. of Shares	Class	Par Value or statement that shares are without par value
200	S/A/A	\$ 1.00 EA

PAID
MAR 08 1993
SECRETARY OF STATE

Dated FEB 25 19 93

MIGHTY MOW LAWN Care Co.
(Name of Corporation)

By Bruce W. Duckworth

Title PRES.

(Report must be signed by an officer)