



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 101251		2. Name of Corporation Grand Lawn Sprinkler, Inc.			
3. Street Address Principal Business Office 4 Laurel Street			City North Providence	State RI	Zip 02911
4. Business Phone No. 401-354-4040		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island selling, installing, maintaining and repairing underground lawn sprinkler systems					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William F. Cardarelli			Vice President Name Karen A. Cardarelli		
Street Address 4 Laurel Street			Street Address 4 Laurel Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Karen A. Cardarelli			Treasurer Name Karen A. Cardarelli		
Street Address 4 Laurel Street			Street Address 4 Laurel Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William F. Cardarelli			Director Name Karen A. Cardarelli		
Street Address 4 Laurel Street			Street Address 4 Laurel Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
North Providence	RI	02911	North Providence	RI	02911
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares	Class/Series	Par Value	
		1000	Common	No Par Value	
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date **FEB 17 2010**

Check No. **BY 1304**

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.

William F. Cardarelli 2/8/10
Signature Date

William F. Cardarelli
Print or Type Name

President
Title