RI SOS Filing Number: 201059942640 Date: 03/03/2010 4:00 PM

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.	2. Name of Corporation			
81708	ECLIPSE DESIGN, INC.			
3. Street Address Principal Business Office		City	State	Zip
844 SMITHFIELD AVENUE		LINCOLN	RI	02865
4. Business Phone No.	5. State of Incorporation			
(401) 455-8505	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO DESIGN, INSTALL AND SERVICE IN AND ABOVE GROUND OUTDOOR SPRINKLER & IRRIGATION SYSTEMS, OUTDOOR LIGHTING SYSTEMS, TO PLOW AND REMOVE SAND, SNOW & ICE

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

President Name	Street Address	City	State	Zip
ANTHONY F. PAOLA	844 SMITHFIELD AVENUE	LINCOLN	RI	02865

Vice President Name	Street Address	City	State	Zip
ROBIN PAOLA	844 SMITHFIELD AVENUE	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
ROBIN PAOLA	844 SMITHFIELD AVENUE	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
ANTHONY F. PAOLA	844 SMITHFIELD AVENUE	LINCOLN	RI	02865

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

Director Name	Street Address	City	State	Zip
ANTHONY F. PAOLA	844 SMITHFIELD AVENUE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
ROBIN PAOLA	844 SMITHFIELD AVENUE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
300	COMMON	NO PAR VALUE

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.

[redacted]

FILED

File Date MAR 03 2010
Check No. 1355
By: BY [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Anthony F. Paola 2-11-2010
Signature *Date*

ANTHONY F. PAOLA
Print or Type Name

[redacted] PRESIDENT
Title

45978-34-496211

Form 630 Rev. 08/08