



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 2011

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. 3208 38208		2. Name of Corporation NEW ENGLAND LAWN SPRINKLER COMPANY, INC.			
3. Street Address Principal Business Office 791 black Plain Road			City North Smithfield	State RI	Zip 02896
4. Business Phone No. 401-769-4400		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Installation and maintenance of lawn sprinklers					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Corey A. Coia			Vice President Name Joseph S. Coia		
Street Address 791 Black Plain Road			Street Address 791 Black Plain Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Corey A. Coia			Treasurer Name Joseph S. Coia		
Street Address 791 Black Plain Road			Street Address 791 Black Plain Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Corey A. Coia			Director Name Joseph S. Coia		
Street Address 791 Black Plain Road			Street Address 791 Black Plain Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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 100	Class/Series common	Par Value none

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.

FILE

MAR 31 2011

By

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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: Corey A. Coia Date: 3/28/11

Corey A. Coia

Print or Type Name

President

Title

File Date

Check No.

By:

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