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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
3208	NEW ENGLAND LAWN SPRINKLER COMPANY, INC.

3. Principal office address	City	State	Zip
791 Black Plain Road	North Smithfield	RI	02896

4. Business Phone No.	5. State of Incorporation
401-769-4400	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Installation and maintenance of lawn sprinklers

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Corey A. Coia			Joseph S. Coia		
Street Address			Street Address		
791 Black Plain Road			791 Black Plain Road		
City	State	Zip	City	State	Zip
North Smithfield	RI	02896	North Smithfield	RI	02896
Secretary Name			Treasurer Name		
Corey A. Coia			Joseph S. Coia		
Street Address			Street Address		
791 Black Plain Road			791 Black Plain Road		
City	State	Zip	City	State	Zip
North Smithfield	RI	02896	North Smithfield	RI	02896

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Corey A. Coia			Joseph S. Coia		
Street Address			Street Address		
791 Black Plain Road			791 Black Plain Road		
City	State	Zip	City	State	Zip
North Smithfield	RI	02896	North Smithfield	RI	02896
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	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.

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.

Corey A. Coia 2/25/14
Signature of Authorized Representative Date

Corey A. Coia, President
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 03 2014
5345

Form No. 630
Revised: 01/2012

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