



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 2015

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. 38208		2. Exact name of the Corporation NEW ENGLAND LAWN SPRINKLER COMPANY, INC.		
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.				
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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY **6006**

FILED

FEB 17 2015

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 Authorized Representative

Date

Corey A. Coia, President

Print or Type Name of Authorized Representative