



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. <b>38208</b>		2. Exact name of the Corporation <b>NEW ENGLAND LAWN SPRINKLER COMPANY, INC.</b>		
3. Principal office address <b>791 Black Plain Road</b>		City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>
4. Business Phone No. <b>401-769-4400</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Installation and maintenance of lawn sprinklers</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
President Name <b>Corey A. Coia</b>		Vice-President Name <b>Joseph S. Coia</b>		
Street Address <b>791 Black Plain Road</b>		Street Address <b>791 Black Plain Road</b>		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>
Secretary Name <b>Corey A. Coia</b>		Treasurer Name <b>Joseph S. Coia</b>		
Street Address <b>791 Black Plain Road</b>		Street Address <b>791 Black Plain Road</b>		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
Director Name <b>Corey A. Coia</b>		Director Name <b>Joseph S. Coia</b>		
Street Address <b>791 Black Plain Road</b>		Street Address <b>791 Black Plain Road</b>		
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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: \_\_\_\_\_

**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.

*Corey A. Coia* **2/4/15**  
 Signature of Authorized Representative Date

**Corey A. Coia, President**

Print or Type Name of Authorized Representative

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