



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 AUG 17 AM 10:10
R.I. DEPT. OF STATE
BUS. SERVICES DIV.
FILED

1. Entity ID Number 121668		2. Exact name of the Corporation Shoreline Lawn Sprinklers, Inc.			
3. Principal Office Address 41 1/2 Canal Street			City Westerly	State RI	Zip 02891
4. NAICS Code 81 - Other Services (except)		6. Brief description of the character of business conducted in Rhode Island Installation and servicing of lawn sprinkler systems.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen R. Gowen			Vice-President Name NONE		
Street Address 41 1/2 Canal Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Stephen R. Gowen			Treasurer Name Daniel Gowen		
Street Address 41 1/2 Canal Street			Street Address 41 1/2 Canal Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		Common		No Par Value	
11. 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.					
Name of Authorized Representative Stephen R. Gowen					Date 8-14-2017
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

AUG 17 2017
BY
FORM 630 - Revised: 02/2017