RI SOS Filing Number: 201859397370 Date: 2/28/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee $50.00
→ Penalty Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
~~3208~~ 38208	NEW ENGLAND LAWN SPRINKLER COMPANY, INC.

3 Principal Office Address	City	State	Zip
791 Black Plain Road	North Smithfield	RI	02896

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
221310	Installation and maintenance of lawn sprinkler
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Corey A. Coia	791 Black Plain Road	North Smithfield	RI	02896

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

Secretary Name	Street Address	City	State	Zip
Corey A. Coia	791 Black Plain Road	North Smithfield	RI	02896

Treasurer Name	Street Address	City	State	Zip
Joseph S. Coia	791 Black Plain Road	North Smithfield	RI	02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	None

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	Date
Corey A. Coia, President	2/16/18

Signature of Authorized Representative: ✓ Corey A. Coia

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

FEB 28 2018
BY 612 DS

FORM 630 - Revised: 10/2017