



Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 83053		2. Name of Corporation Designer Lawn Sprinklers, Inc.			
3. Street Address Principal Business Office 36 Tom Lee Drive		City North Smithfield		State RI	Zip 02896
4. Business Phone No. 401-594-0136		5. State of Incorporation RHODE ISLAND			6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION AND SERVICING OF SPRINKLER AND IRRIGATION SYSTEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William A. Scott			Vice President Name William A. Scott		
Street Address 36 Tom Lee Drive			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name William A. Scott			Treasurer Name William A. Scott		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William A. Scott			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			1000 Shares No Par Value		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	<b>FILED</b>
Check No.	MAR 07 2011 2788
By	<u>William A. Scott</u>
FOR SECRETARY OF STATE USE ONLY	

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 Officer William A. Scott Date 3/1/05  
Print or Type Name of Officer WILLIAM A. SCOTT  
Title of Officer PRESIDENT



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 83053		2. Name of Corporation Designer Lawn Sprinklers, Inc.		
3. Street Address Principal Business Office 1012 YORK AVENUE		City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. 401-725-8034		5. State of Incorporation RHODE ISLAND		6. SIC Code 2212
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALLATION AND SERVICING OF SPRINKLER AND IRRIGATION SYSTEMS.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name WILLIAM A. SCOTT		Vice President Name WILLIAM A. SCOTT		
Street Address 1012 YORK AVENUE		Street Address 1012 YORK AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI
Secretary Name WILLIAM A. SCOTT		Treasurer Name WILLIAM A. SCOTT		
Street Address 1012 YORK AVENUE		Street Address 1012 YORK AVENUE		
City PAWTUCKET	State RI	Zip 02861	City PAWTUCKET	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name WILLIAM A. SCOTT		Director Name		
Street Address 1012 YORK AVENUE		Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600 NO PAR VALUE			600 SHS NO PAR VALUE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 3 0 5 3 \*

File Date **FILED**  
Check No. **MAR 02 2004**  
By **By M 2235**  
FOR SECRETARY OF STATE USE ONLY

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 Officer **William A. Scott** Date **3/1/04**  
Print or Type Name of Officer **WILLIAM A. SCOTT**  
Title of Officer **PRESIDENT**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>83053</b>		2. Name of Corporation <b>Designer Lawn Sprinklers, Inc.</b>	
3. Street Address Principal Business Office <b>1012 YORK AVENUE</b>		City <b>PAWTUCKET</b>	State <b>RI</b>
4. Business Phone No. <b>401-725-8034</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>2212</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INSTALLATION OF UNDERGROUND IRRIGATION</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)			
President Name <b>WILLIAM A. SCOTT</b>		Vice President Name <b>WILLIAM A. SCOTT</b>	
Street Address <b>1012 YORK AVENUE</b>		Street Address <b>1012 YORK AVENUE</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
Zip <b>02861</b>		Zip <b>02861</b>	
Secretary Name <b>WILLIAM A. SCOTT</b>		Treasurer Name <b>WILLIAM A. SCOTT</b>	
Street Address <b>1012 YORK AVENUE</b>		Street Address <b>1012 YORK AVENUE</b>	
City <b>PAWTUCKET</b>	State <b>RI</b>	City <b>PAWTUCKET</b>	State <b>RI</b>
Zip <b>02861</b>		Zip <b>02861</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)			
Director Name <b>WILLIAM A. SCOTT</b>		Director Name	
Street Address <b>1012 YORK AVENUE</b>		Street Address	
City <b>PAWTUCKET</b>	State <b>RI</b>	City	State
Zip <b>02861</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600 NO PAR VALUE</b>		<b>600 SHS NO PAR VALUE</b>	
Par Value		Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 3 0 5 3 \*

File Date: 2/5/03

Check No.: 2176

By: SW

FOR SECRETARY OF STATE USE ONLY

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.

William A. Scott 2/10/03  
Signature of Officer Date

WILLIAM A. SCOTT  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83053 2. Name of Corporation Designer Lawn Sprinklers, Inc.

3. Street Address Principal Business Office

75 HUNTS AVENUE

4. Business Phone No.

401-725-8034

5. State of Incorporation  
RHODE ISLAND

City PROVIDENCE

State RI

Zip 02861-2301

6. SIC Code  
2212

7. Brief Description of the Character of Business Conducted in Rhode Island

INSTALLATION OF UNDERGROUND IRRIGATION

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

WILLIAM A. SCOTT

Street Address 75 HUNTS AVENUE

City PROVIDENCE State RI Zip 02861-2301

Secretary Name

WILLIAM A. SCOTT

Street Address 75 HUNTS AVENUE

City PROVIDENCE State RI Zip 02861-2301

Vice President Name

WILLIAM A. SCOTT

Street Address 75 HUNTS AVENUE

City PROVIDENCE State RI Zip 02861-2301

Treasurer Name

WILLIAM A. SCOTT

Street Address 75 HUNTS AVENUE

City PROVIDENCE State RI Zip 02861-2301

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

WILLIAM A. SCOTT

Street Address 75 HUNTS AVENUE

City PROVIDENCE State RI Zip 02861-2301

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 3 0 5 3 \*

File Date: 1/28/02

Check No.: 1857

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

William A. Scott 1/17/02  
Signature of Officer Date

William A. Scott  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

5

Form 630 1/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>83053</b>		2. Name of Corporation <b>Designer Lawn Sprinklers, Inc.</b>	
3. Street Address Principal Business Office <b>75 NUNTS AVENUE</b>		City <b>PAWTUCKET</b>	State <b>R.I.</b>
4. Business Phone No. <b>401-725-8034</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>2212</b>		Zip <b>02861-2301</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INSTALLATION OF UNDERGROUND IRRIGATION</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>WILLIAM A. SCOTT</b>		Vice President Name <b>WILLIAM A. SCOTT</b>	
Street Address <b>75 NUNTS AVENUE</b>		Street Address <b>75 NUNTS AVENUE</b>	
City <b>PAWTUCKET</b>	State <b>R.I.</b>	City <b>PAWTUCKET</b>	State <b>R.I.</b>
Zip <b>02861-2301</b>		Zip <b>02861-2301</b>	
Secretary Name <b>WILLIAM A. SCOTT</b>		Treasurer Name <b>WILLIAM A. SCOTT</b>	
Street Address <b>75 NUNTS AVENUE</b>		Street Address <b>75 NUNTS AVENUE</b>	
City <b>PAWTUCKET</b>	State <b>R.I.</b>	City <b>PAWTUCKET</b>	State <b>R.I.</b>
Zip <b>02861-2301</b>		Zip <b>02861-2301</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>WILLIAM A. SCOTT</b>		Director Name	
Street Address <b>75 NUNTS AVENUE</b>		Street Address	
City <b>PAWTUCKET</b>	State <b>R.I.</b>	City	State
Zip <b>02861-2301</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>600 SHS NO PAR VALUE</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>600 SHS NO PAR VALUE</b>			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 3 0 5 3 \*

File Date: 1/16

Check No.: 1535

By: ac

FOR SECRETARY OF STATE USE ONLY

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.

William A. Scott 1/12/01  
Signature of Officer Date

Print or Type Name of Officer

WILLIAM A. SCOTT  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

83053

Designer Lawn Sprinklers, Inc.

3. Street Address Principal Business Office

75 HUNTS AVENUE

City

PAWTUCKET

State

R.I.

Zip

02861-2301

4. Business Phone No.

401-725-8034

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

7. Brief Description of the Character of Business Conducted in Rhode Island

INSTALLATION OF UNDERGROUND IRRIGATION

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

William A. Scott

Street Address

75 HUNTS AVENUE

City

PAWTUCKET

State

R.I.

Zip

02861-2301

Vice President Name

William A. Scott

Street Address

75 HUNTS AVENUE

City

PAWTUCKET

State

R.I.

Zip

02861-2301

Secretary Name

William A. Scott

Street Address

75 HUNTS AVENUE

City

PAWTUCKET

State

R.I.

Zip

02861-2301

Treasurer Name

William A. Scott

Street Address

75 HUNTS AVENUE

City

PAWTUCKET

State

R.I.

Zip

02861-2301

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

William A. Scott

Street Address

75 HUNTS AVENUE

City

PAWTUCKET

State

R.I.

Zip

02861-2301

Director Name

Street Address

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

600 SHS NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 3 0 5 3 \*

File Date: 1/6/00

1229

Check No.: cc

By:

FOR SECRETARY OF STATE USE ONLY

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 Officer: William A. Scott Date: 1/4/2000

Print or Type Name of Officer: William A. Scott

Title of Officer: PRESIDENT



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>83053</b>		2. Name of Corporation <b>Designer Lawn Sprinklers, Inc.</b>			
3. Street Address Principal Business Office <b>75 HUNTS AVENUE</b>			City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>
4. Business Phone No. <b>401-725-8034</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>2212</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>INSTALLATION OF UNDERGROUND IRRIGATION</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>WILLIAM A. SCOTT</b>			Vice President Name <b>WILLIAM A. SCOTT</b>		
Street Address <b>75 HUNTS AVENUE</b>			Street Address <b>75 HUNTS AVENUE</b>		
City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>	City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>
Secretary Name <b>WILLIAM A. SCOTT</b>			Treasurer Name <b>WILLIAM A. SCOTT</b>		
Street Address <b>75 HUNTS AVENUE</b>			Street Address <b>75 HUNTS AVENUE</b>		
City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>	City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>WILLIAM A. SCOTT</b>			Director Name		
Street Address <b>75 HUNTS AVENUE</b>			Street Address		
City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>			<b>600 SHS. NO PAR VALUE</b>		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 3 0 5 3 \*

File Date: **1-14-99**

Check No.: **2125**

By: **AMF**

FOR SECRETARY OF STATE USE ONLY

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.

**William A. Scott** 1/11/99  
Signature of Officer Date

**WILLIAM A. SCOTT**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

83053

2. Name of Corporation

Designer Lawn Sprinklers, Inc.

3. Street Address Principal Business Office

75 Hunts Avenue

City

Pawtucket,

State

R.I.

Zip

02861-2301

4. Business Phone No.

(401) 725-8034

5. State of Incorporation

RHODE ISLAND

6. SIC Code

2212

7. Brief Description of the Character of Business Conducted in Rhode Island

Installation of Underground Lawn Irrigation

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

William A. Scott

Vice President Name

William A. Scott

Street Address

75 Hunts Avenue

Street Address

75 Hunts Avenue

City

Pawtucket,

State

R.I.

Zip

02861-2301

City

Pawtucket,

State

R.I.

Zip

02861-2301

Secretary Name

William A. Scott

Treasurer Name

William A. Scott

Street Address

75 Hunts Avenue

Street Address

75 Hunts Avenue

City

Pawtucket,

State

R.I.

Zip

02861-2301

City

Pawtucket,

State

R.I.

Zip

02861-2301

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

William A. Scott

Director Name

Street Address

75 Hunts Avenue

Street Address

City

Pawtucket,

State

R.I.

Zip

02861-2301

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 3 0 5 3 \*

File Date: 1/12/98

Check No.: 605

By: 100

FOR SECRETARY OF STATE USE ONLY

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 Officer: William A. Scott Date: Jan. 8, 1998

Print or Type Name of Officer: William A. Scott

Title of Officer: President





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>83053</b>		2. Name of Corporation <b>Designer Lawn Sprinklers, Inc.</b>			
3. Street Address Principal Business Office <b>75 Hunts Avenue</b>			City <b>Pawtucket,</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>
4. Business Phone No. <b>(401) 725-8034</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>2212</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Installation of Underground Lawn Irrigation</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>William A. Scott</b>			Vice President Name <b>William A. Scott</b>		
Street Address <b>75 Hunts Avenue</b>			Street Address <b>75 Hunts Avenue</b>		
City <b>Pawtucket,</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>	City <b>Pawtucket,</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>
Secretary Name <b>William A. Scott</b>			Treasurer Name <b>William A. Scott</b>		
Street Address <b>75 Hunts Avenue</b>			Street Address <b>75 Hunts Avenue</b>		
City <b>Pawtucket,</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>	City <b>Pawtucket,</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>William A. Scott</b>			Director Name		
Street Address <b>75 Hunts Avenue</b>			Street Address		
City <b>Pawtucket,</b>	State <b>R.I.</b>	Zip <b>02861-2301</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES <b>NONE</b>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>			<b>-0-</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 7/24/97  
Check No.: 516  
By: WAS  
FOR SECRETARY OF STATE USE ONLY

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.

William A. Scott July 23, 1997  
Signature of Officer Date  
**William A. Scott**  
Print or Type Name of Officer  
**President**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 83053		2. NAME OF CORPORATION Designer Lawn Sprinklers, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 75 Hunts Avenue		CITY Pawtucket	STATE RI
		ZIP CODE 02861	
4. BUSINESS PHONE NO. (401) 725-8034		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 2212	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Installation and servicing of sprinkler and irrigation systems			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME William A. Scott			VICE PRESIDENT NAME William A. Scott		
STREET ADDRESS 75 Hunts Ave.			STREET ADDRESS 75 Hunts Ave.		
CITY Pawtucket	STATE RI	ZIP CODE 02861	CITY Pawtucket	STATE RI	ZIP CODE 02861
SECRETARY NAME William A. Scott			TREASURER NAME Wendy Scott		
STREET ADDRESS 75 Hunts Ave.			STREET ADDRESS 75 Hunts Ave.		
CITY Pawtucket	STATE RI	ZIP CODE 02861	CITY Pawtucket	STATE RI	ZIP CODE 02861

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME William A. Scott			DIRECTOR NAME		
STREET ADDRESS 75 Hunts Ave.			STREET ADDRESS		
CITY Pawtucket	STATE RI	ZIP CODE 02861	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS NO PAR VALUE			400	Common	No Par

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*William A. Scott*  
Signature of Officer

William A. Scott  
Print or Type Name of Officer

President  
Title of Officer

2-30-96  
Date

File Date:

Check No:

By:

For Secretary of State Use Only