

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Providence, RI 02903-1335 401.222.3040

PROFIT CORPOR Filing Period: January 1 - Ma		UAL' REPORT	FOR THE YEAR	2005		_	
(FORM MUST BE TYPED OR PRINT	*	·					
1. Corporate ID No.	2. Name of Corporation				- ;	+	寸
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4. Business Phone No 1136		5. State of Incorporation			6. SIC Code		-")
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File Date	EU	,	contained never are tru	2. A	1 3/	11/2	بإ
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FOR SECRETARY OF ST.	ATE USE ONLY	_	Title of Officer	· _	Eo. 620 D	أدرا	
					Form 630 Rev	4.44	,,,



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

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FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 Rev. 12/03	I OK SECKETAKT OF STA	IL OUR AMEL				



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT C	ORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	<u>2003</u>



Filing Period: January		ling Fee: \$50.00	OKI FOR III	E ILAK <u>Zee</u>	PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED OR PRINT	ED IN BLACK)				
1. Corporate ID No.	 2. Name of Corporation 				
83053	Designer Lawn	Sprinklers, Inc.			
3. Street Address Principal Business	Pffice	•	(ce)	State	TZIP
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Secretary Name	A. SLOTI		Treasurer, Name WILLIA	m_ ASe	20TT
Street Address 1412 YORK	AVENUE	- · · · · · · · · · · · · · · · · · · ·	Street Address	X DUFNU	6
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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

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PROFIT CORI	PORATION y 1-March 1	ANNUAL R	EPORT FOR TI	HE YEAR <u>20</u>	02 STOP
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	[†] 2. Name of Corpore	ation			
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3. Street Address Principal Busines		•	CITY	State 0 -	Zip
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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FOR SECRETARY OF STA	TE 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

Print of Type Name of Officer

TALS IDENT.

Form 630 12/01



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

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PROFIT COR	PORATION ANNUAL REPORT FOR THE YEAR	2001
	ry 1-March 1 • Filing Fee: \$50.00	
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1. Corporate ID No.	2. Name of Corporation	·
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(FORM MUST BE TYPED IN BLACK	ю				
1. Corporate ID No. 83053	2. Name of Corporation Designer Lau	un Sprinklers,	Inc.		•
3. Street Address Principal Business Of 75 NUNTS 4. Business Phone No.	H'ENUE	S. State of incorporation	PRUTUCKET	State RI.	21p 02861-2301.
401-725-8034	1	RHODE ISLAND			2212
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8. NAMES AND ADDRESSE President Name	ES OF THE OFFICER	IS (*X* BOX FOR ATTA <u>C</u> HM	(ENT) FILL IN SPACES BEFO	RE USING ATTACHME	NTS (
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Secretary Name	FRI.	. 02/86/-2301	PAWTUCKET	RI	088612301
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Street Address			Street Address		•••
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This report must be signed	d in ink by either t	the President, Vice Pr	esident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee
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File Date:	* 8 3 0.5 3 * /// /53-3-	Under penalty of perjury, I declare and affirm this report, including any accompanying sched that all statements contained herein are true as Signature of Officer	ules and statements, and
By:	de	Print or Type Name of Officer	
FOR SECRETARY	OF STATE USE ONLY	Title of Offin	\$ r co tomo

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



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his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver of	his report must be sig	gned in ink by eith	er the President, Vio	ce President, Secretary, A	Assistant Secretary, Treas	surer, Receiver or Tru

* 8 3 0 5 3 *	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.
File Date:	Signature of Officer Date
By: FOR SECRETARY OF STATE USE ONLY	Print or Type James of Officer THE ALSI DIENT

and correct. Date Title of Officer



File Date: _

FOR SECRETARY OF STATE USE ONLY

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



Filling Period: January	1-March 1 • F	iling Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLAC					
1. Corporate 1D No. 83053	2. Name of Corporation Designer Law	, n Sprinklers, inc.			
3. Street Address Principal Business (Office		Ciny	State	Zip
75 NUNTS	AVENUE		PAUTUCKET	I RI	02861-2301
4. Business Phone No.	-	5. State of Incorporation			6. SIC Code
401-725-80=	54	RHODE ISLAND) 		2212
7. Brief Description of the Character	of Business Conducted in R		T - 1		+
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8. NAMES AND ADDRESS President Name	SES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENIS
WILLIAM	A. SCOTT	- 	WILLIAM	A. Scott	
Street padress 15 AUNTS	AVENUE		Street Address 75 Auns	-s AVENC	1E
"DOWTHOKET	State RI	02861-2301	FAWTUCKET	State	02861-2301
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9. NAMES AND ADDRESS	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
Director Name	4	****	Director Name		
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5ticet Adjust HUNTS	AVENU	E .	Street Address		
CIT DOW THOKE T	Stole I.	02861-2301	City	State	Zip
Director Name		···!··································	: Director Name		<u>K</u>
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This report must be signe	ed in ink by eithe	r the President, Vice P	resident, Secretary, Assist	ant Secretary, Treas	urer, Receiver or Truste
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•	8 3 0 5 3	•	Under penalty of perju	iry, I declare and affir	m that I have examined
Service of the service of the service of			this report, including	any accompanying sch	nedules and statements, and
1 11	199		that all statements cor	stained herein are true	and correct.



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

STOP PLEASE READ-INSTRUCTIONS

(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 210 75 Hunts Avenue Pawtucket, 02861-2301 R.I. 4. Business Phone No. 5. State of Incorporation RHODE ISLAND (401) 725-8034 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 William A. Scott Street Address Street Address 75 Hunts Avenue 75 Hunts Avenue City City State Zip Pawtucket, R.I. 02861-2301 Pawtucket 02861-2301 R.I. Secretary Name Treasurer Name William A. Scott William A. Scott Street Address Street Address 75 Hunts Avenue 75 Hunts Avenue City State Pawtucket, R.I. 02861-2301 Pawtucket, R.I. 02861-2301 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name William A. Scott Street Address Street Address 75 Hunts Avenue City State Zip Pawtucket, 02861-2301 R.I.

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Director Name

Street Address

City

Number of Shares

Class/Series

Par Value

2.ip

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Director Name

Street Address

City

· Number of Shares

Class/Series

State

Par Value

Zip

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.	9/98
Check No.:	605
Ву:	140
FOR SECRETARY OF ST	ATE 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.

Julian Factor Jan. 8, 1998
Signature of Officer Date

William A. Scott
Print or Type Name of Officer

<u>President</u>

Title of Officer



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. 2. Name of Corporation 83053 Designer Lawn Sprinklers, Inc. 3. Street Address Principal Business Office City State 75 Hunts Avenue Pawtucket, R.I. 02861-2301 4. Business Phone No. 5. State of Incorporation RHODE ISLAND (401) 725-8034 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 Vice President Name William A. Scott William A. Scott Street Address Street Address 75 Hunts Avenue 75 Hunts Avenue City State Zip City Pawtucket, 02861-2301 R.I. Pawtucket R.I. 02861-2301 Secretary Name Treasurer Name William A. Scott William A. Scott Street Address Street Address 75 Hunts Avenue 75 Hunts Avenue State City Zip State Zip Pawtucket, 02861-2301 R.I. Pawtucket 02861-2301 R.I. 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name William A. Scott Street Address Street Address 75 Hunts Avenue City 02861-2301 Pawtucket, R.I. Director Name Director Name Street Address Street Address City State ZΙρ 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) NONE AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value 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:	7/24/97
Check No.:	516
Ву:	Lip !
FOR SECRETARY O	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 trugland correct.

July 23, 1997 Signature of Officer Date

William A. Scott Print or Type Name of Officer

President'

Title of Officer

PROFIT PRPORATION 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

I. CORPORATE ID NO.	2. NAME OF CORPORATE		PRINT IN BLACK INK.		
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3. STREET ADORESS PRINCIPAL BUSINES	SOFFICE	Just Lann Opt IIIA.	any	STATE	72P COOR
75 Hunts Avenu	е		Pawtucket	RI	02861
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installation and		rinkler and irrigatio	-		
RESIDENT NAME	8. N	AMES AND ADDR	ESSES OF THE O	FFICERS	
William A. Scott					
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75 Hunts Ave.			75 Hunts Ave.		
Pawtucket	RI	02861	Pawtucket	RI	72° C00€
ECRETARY NAME		192.001	TREASURER NAME		02861
William A. Scot	t		Wendy Scott		
75 Hunts Ave.					
ny	STATE	ZIP C00%	75 Hunts Ave	STATE	ZIP CODE
Pawtucket	RI	02861	Pawtucket	RI	02861
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William A. Scott	t				
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Pro Pro	esident, Vice Pres	ident, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Truste	9

File Date: Check No: 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

Print or Type Name of Officer

President Title of Officer