



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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BUS SVCS DIV

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1. Entity ID Number <u>81708</u>		2. Exact name of the Corporation <u>Eclipse Design INC</u>	
3. Principal Office Address <u>844 Smithfield Ave</u>		City <u>Lincoln</u>	State <u>RI</u>
4. NAICS Code <u>235900</u>		6. Brief description of the character of business conducted in Rhode Island <u>Install + Design irrigation and lighting systems</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Anthony Paola</u>		Vice-President Name <u>Robin Paola</u>	
Street Address <u>170 Power RD</u>		Street Address <u>170 Power RD</u>	
City <u>Paul</u>	State <u>RI</u>	City <u>Paul</u>	State <u>RI</u>
Zip <u>02820</u>		Zip <u>02820</u>	
Secretary Name <u>Robin Paola</u>		Treasurer Name <u>Robin Paola</u>	
Street Address <u>170 Power RD</u>		Street Address <u>170 Power RD</u>	
City <u>Paul</u>	State <u>RI</u>	City <u>Paul</u>	State <u>RI</u>
Zip <u>02820</u>		Zip <u>02820</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Anthony Paola</u>		Director Name <u>Robin Paola</u>	
Street Address <u>344 Smithfield Ave</u>		Street Address <u>844 Smithfield Ave</u>	
City <u>Lincoln</u>	State <u>RI</u>	City <u>Lincoln</u>	State <u>RI</u>
Zip <u>02820</u>		Zip <u>02820</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>300</u>	
		<u>COMMON</u>	
		<u>NC</u>	
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 <u>[Signature]</u>			Date <u>5-1-2020</u>
Signature of Authorized Representative <u>[Signature]</u>			SIGN DOCUMENT <b>FILED</b>

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