



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015
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

2020 MAY -1 AM 11:27

1. Entity ID Number 123456 81708		2. Exact name of the Corporation Eclipse Design INC	
3. Principal Office Address 844 SMITHFIELD AVE		City LINCOLN	State RI
4. NAICS Code 235900		6. Brief description of the character of business conducted in Rhode Island IRRIGATION / Lighting Contractor DESIGN, INSTALL and SERVICE in and about ground outdoor SPRINKLER IRRIGATION	
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 Anthony Paula		Vice-President Name Robin Paula	
Street Address 170 Power RD		Street Address 170 Power RD	
City PAWUCKET	State RI	Zip 02860	City PAWUCKET
State RI	Zip 02860	City PAWUCKET	State RI
Secretary Name Robin Paula		Treasurer Name ROBIN PAULA	
Street Address 170 Power RD		Street Address 170 Power RD	
City PAWUCKET	State RI	Zip 02860	City PAWUCKET
State RI	Zip 02860	City PAWUCKET	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Anthony Paulin		Director Name Robin Paulin	
Street Address 844 Smithfield Ave		Street Address 844 Smithfield Ave	
City LINCOLN	State RI	Zip 02865	City LINCOLN
State RI	Zip 02865	City LINCOLN	State RI
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES 300	CLASS/SERIES Common
			PAR VALUE N/C
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 5-1-2020	
Signature of Authorized Representative 		SIGN DOCUMENT FILED	

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