



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. 121668		2 Name of Corporation Shoreline Lawn Sprinklers, Inc.			
3 Street Address Principal Business Office 28 VALLEY DRIVE			City WESTERLY	State RI	Zip 02891
4 Business Phone No. 401.322.8096		5 State of Incorporation RHODE ISLAND			6 SIC Code 232
7 Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A LAWN SPRINKLER INSTALLATION AND MAINTENANCE BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN GOWEN			Vice President Name		
Street Address 28 VALLEY DRIVE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name STEPHEN GOWEN			Treasurer Name DANIEL GOWEN		
Street Address 28 VALLEY DRIVE			Street Address 28 VALLEY DRIVE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
1,000 NO PAR VALUE			200	Common	No PAR

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



FILED

File Date MAR 04 2005

Check No. ICB-2558

By: ICB

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.

Stephen R Gowen / 3-03-05
Signature of Officer Date

STEPHEN GOWEN
Print or Type Name of Officer

PRESIDENT
Title of Officer



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1. Corporate ID No. 121668		2. Name of Corporation Shoreline Lawn Sprinklers, Inc.					
3. Street Address Principal Business Office 28 VALLEY DRIVE				City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401 322-8096			5. State of Incorporation RHODE ISLAND			6. SIC Code 232	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A LAWN SPRINKLER INSTALLATION AND MAINTENANCE BUSINESS							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name STEPHEN GOWEN				Vice President Name			
Street Address 28 VALLEY DRIVE				Street Address			
City WESTERLY	State RI	Zip 02891	City	State	Zip		
Secretary Name STEPHEN GOWEN				Treasurer Name DANIEL GOWEN			
Street Address 28 VALLEY DRIVE				Street Address 28 VALLEY DRIVE			
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name				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/Sortes	Par Value	Number of Shares	Class/Sortes	Par Value		
1,000 NO PAR VALUE			100	COMMON	NO-PAR		

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



* 1 2 1 6 6 8 *

File Date 3/3/04
Check No. 158
By: SC

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] 3/1/04
Signature of Officer Date
Daniel Gowen
Print or Type Name of Officer
TREASURER
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *121668*		2. Name of Corporation Shoreline Lawn Sprinklers, Inc.			
3. Street Address Principal Business Office 28 Valley Drive			City Westerly	State RI	Zip 02891
4. Business Phone No 401-322-8096		5. State of Incorporation RHODE ISLAND			6. SIC Code 0232
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A LAWN SPRINKLER INSTALLATION AND MAINTENANCE BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen Gowen			Vice President Name NONE		
Street Address 28 Valley Drive			Street Address .		
City Westerly	State RI	Zip 02891	City .	State .	Zip .
Secretary Name Stephen Gowen			Treasurer Name Stephen Gowen		
Street Address 28 Valley Drive			Street Address 28 Valley Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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 ()					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	COMMON	None
11. SHARES ISSUED (X) BOX FOR ATTACHMENT ()					

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



* 1 2 1 6 6 8 *

*121668 DBC4/
File Date 5-1-03
Check No 985
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.

[Signature] 4-29-03
Signature of Officer Date
STEPHEN GOWEN
Print or Type Name of Officer
PRESIDENT
Title of Officer