



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

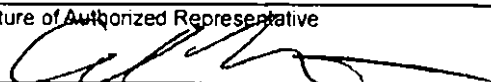
→ Filing period: January 1 - March 1

→ 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 001681708		2. Exact name of the Corporation Environmental Designs, Inc			
3. Principal Office Address 2070 West Street			City Southington	State CT	Zip 06489
4. NAICS Code 221310		6. Brief description of the character of business conducted in Rhode Island Irrigation installation, service and repair			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scot Leavitt			Vice-President Name Chris Daigle		
Street Address 300 Daniel Trace			Street Address 17 Coachman Drive		
City Burlington	State CT	Zip 06013	City Avon	State CT	Zip 06001
Secretary Name Al Leavitt			Treasurer Name Scot Leavitt		
Street Address 14 Banforth Road			Street Address 300 Daniel Trace		
City Haddam	State CT	Zip 06438	City Burlington	State CT	Zip 06013
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scot Leavitt			Director Name		
Street Address 300 Daniel Trace			Street Address		
City Burlington	State CT	Zip 06013	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE \$10.00
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 Al Leavitt, Secretary				Date 5/12/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY *CR* *ma535*
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FORM 630 - Revised: 10/2017