



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2020 AUG 31 AM 11:39

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.

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			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	Common	\$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 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED *m*

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BY *CA* *Ma53J*
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