



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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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R.I. DEPT. OF STATE
BUSINESS DIVISION
FOR ANY OF STATE
USE ONLY

2021 MAR -9 P 3:29

1. Entity ID Number <u>157013</u>		2. Exact name of the Corporation <u>AGGRESSIVE LAWN SPRINKLER, INC</u>	
3. Principal Office Address <u>46 MACONDRY ST.</u>		City <u>CUMBERLAND</u>	State <u>R.I</u>
4. NAICS Code <u>332919</u>		6. Brief description of the character of business conducted in Rhode Island <u>IRRIGATION SYSTEMS</u>	
5. State of Incorporation <u>R.I</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>SATURNINO A. RAMOS</u>		Vice-President Name <u>SATURNINO A RAMOS</u>	
Street Address <u>61 THURBER AV.</u>		Street Address <u>61 THURBER AV.</u>	
City <u>BROCKTON</u>	State <u>MA</u>	Zip <u>02301</u>	City <u>BROCKTON</u>
Secretary Name <u>SATURNINO A. RAMOS</u>		Treasurer Name <u>SATURNINO A RAMOS</u>	
Street Address <u>61 THURBER AV.</u>		Street Address <u>61 THURBER AV.</u>	
City <u>BROCKTON</u>	State <u>MA</u>	Zip <u>02301</u>	City <u>BROCKTON</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>0</u>
Changes require an additional filing.			
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>SATURNINO A RAMOS</u>		Date <u>03/09/2021</u>	
Signature of Authorized Representative <u>SATURNINO A RAMOS</u>			

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
MAR 9 2021
BY P253E
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