



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.

RECEIVED STAMP
 R.I. DEPT. OF STATE FOR
 E-SIGS DIV. FOR STATE USE ONLY

2021 MAR -9 P 3:29

1. Entity ID Number 157013		2. Exact name of the Corporation AGGRESSIVE LAWN SPRINKLER, INC			
3. Principal Office Address 46 MACONDRY ST.		City CUMBERLAND	State R.I	Zip 02864	
4. NAICS Code 332919		6. Brief description of the character of business conducted in Rhode Island IRIGATION SYSTEMS			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name SATURNINO A. RAMOS		Vice-President Name SATURNINO A RAMOS			
Street Address 61 THURBER AV.		Street Address 61 THURBER AV.			
City BROCKTON	State MA	Zip 02301	City BROCKTON	State MA	Zip 02301
Secretary Name SATURNINO A. RAMOS		Treasurer Name SATURNINO A RAMOS			
Street Address 61 THURBER AV.		Street Address 61 THURBER AV.			
City BROCKTON	State MA	Zip 02301	City BROCKTON	State MA	Zip 02301
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	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			
		100		0	
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 SATURNINO A RAMOS				Date 03/09/2021	
Signature of Authorized Representative <i>Saturnino Ramos</i>					

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 *[Signature]* P253E
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