RI SOS Filing Number: 202107068190 Date: 12/13/2021 2:49:00 PM								
State of Rhode Island  Department of State - Business Services Division								
Amount Danast for the construction								
Corporation	CAULLING OF STATE  BUS SYNS DIV							
→ Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1				\$ 2021 HOV 22 PM 3: 09				
1 Entity ID Number 040788/38	2 Exact name of the Corporation  Atlantic Lawn Sprinkless Rnc.  City  State  RR 02919							
3. Principal Office Address  63 Peck t	hil 6)		City	nston	State RX	, -	Zip 02919	
4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
221310 5. State of Incorporation								
RE OTHER Contracting Services								
7. List ALL officers (names and add	resses)		<u> </u>		ie box to in	dicate a	an attachment 🔲	
esident Name Daniel A. Morris			Vice-President Name					
Street Address 63 Peck Hill 18			Street Address					
city Johnston	State RP	<sup>ZIP</sup> 02919	City		State		Zip	
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zıp	City		State	) OE(	DE X	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	2	Zipri	
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State	·	Zip	
9. Shares Authorized This information is currently of record	d in the	10. Shares Issue NUMBER OF SH		Check the CLASS/SERIES	ne box to in	dicate :	an attachment   PAR VALUE	
Department of State.		,					^	
Changes require an additional filing.		/00				O		
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  DAN I CL II, Novn's				FILED Pate 9/1/21				
DATICI M., Novis FILED  Signature of Authorized Representative  2: 49 DEC 13 2021								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BYLL DFJMR