

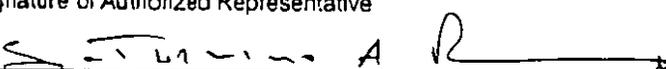


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 RI DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 000157013 -		2. Exact name of the Corporation PROGRESSIVE LAWN SPRINKLERS INC	
3. Principal Office Address 65 THURBER CANDACE ST.		City PROVIDENCE	State RI
4. NAICS Code 332919 -		6. Brief description of the character of business conducted in Rhode Island IRRIGATION SYSTEM	
5. State of Incorporation RI			
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	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	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	State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	State	Zip
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES
		PAR VALUE 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 03/14/2023
Signature of Authorized Representative 			FILED

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 14 2023
 BY ML YENGLI