



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000120197</b>		2. Exact name of the Corporation <b>Joseph's Underground Lawn Sprinklers, Inc.</b>	
3. Principal Office Address <b>3 Chamberlain Street</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>238990</b>	6. Brief description of the character of business conducted in Rhode Island <b>Installation and maintenance of underground sprinkler and irrigation systems</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Joseph Barattini</b>		Vice-President Name <b>Joseph Barattini</b>	
Street Address <b>3 Chamberlain Street</b>		Street Address <b>3 Chamberlain Street</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>Joseph Barattini</b>		Treasurer Name <b>Joseph Barattini</b>	
Street Address <b>3 Chamberlain Street</b>		Street Address <b>3 Chamberlain Street</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	Common
			No Par
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. <b>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.</b>			
Name of Authorized Representative <b>Joseph Barattini</b>			Date <b>29 APR 2024</b>
Signature of Authorized Representative 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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