



State of Rhode Island
Department of State - Business Services Division

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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 000120197	2. Exact name of the Corporation Joseph's Underground Lawn Sprinklers, Inc.
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3. Principal Office Address 3 Chamberlain Street	City Johnston	State RI	Zip 02919
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4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Installation and maintenance of underground sprinkler and irrigation systems
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Barattini			Vice-President Name Joseph Barattini		
Street Address 3 Chamberlain Street			Street Address 3 Chamberlain Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Joseph Barattini			Treasurer Name Joseph Barattini		
Street Address 3 Chamberlain Street			Street Address 3 Chamberlain Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919

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 This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	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.

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 Joseph Barattini	Date 29 APRIL 2024
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Signature of Authorized Representative 	FILED
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAY 1 2024

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