



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.

MAY 22 2024
14804
STAMP

1. Entity ID Number 000154605		2. Exact name of the Corporation United Irrigation Corp.	
3. Principal Office Address 264 Roger Williams Avenue		City Rumford	State RI
Zip 02916			
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Landscape irrigation system installation and maintenance.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Craig R. Finizia		Vice-President Name	
Street Address 191 Hebron Ave.		Street Address	
City Seekonk	State MA	Zip 02771	
Secretary Name Glen E. Hagman		Treasurer Name Glen E. Hagman	
Street Address 201 Rocky Hill Road		Street Address 201 Rocky Hill Road	
City Rehoboth	State MA	Zip 02769	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Glen E. Hagman		Director Name Craig R. Finizia	
Street Address 201 Rocky Hill Road		Street Address 191 Hebron Avenue	
City Rehoboth	State MA	Zip 02769	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES Common
		PAR VALUE \$.01	
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. <i>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.</i>			
Name of Authorized Representative Craig R. Finizia		Date 5/9/24	
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