

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	2024
Corporation	· · · · · · · · · · · · · · · · · · ·

Filing period: February 1 - May 1

→ Penalty: Additional \$25.00 fe	e if form is not	filed by May 31.					
Entity ID Number	2. Exact name of the Corporation						
000154605	United Irrigation Corp.						
3. Principal Office Address					State	Zip	
264 Roger Williams Avenue			Rumfor	r d	RI	02916	
4. NAICS Code	6. Brief descrip	tion of the characte	er of busines:	s conducted in Rhode	e Island		
238990	Landscape irrigation system installation and maintenance.						
5. State of Incorporation		•					
RI							
7. List ALL officers (names and add	resses)			Check the	box to indicate an	attachment 🔲	
President Name Craig R. Finizia			Vice-President Name				
Street Address 191 Hebron Ave.			Street Addre	Street Address			
^{City} Seekonk	State MA	^{Zıp} 02771	City	City		Zip	
Secretary Name Glen E. Hagma				Name Glen E. Hag			
Street Address 201 Rocky Hill Road		Street Address 201 Rocky Hill Road					
City Rehoboth	State MA	^{Zip} 02769	City Reh		State MA	^{Zip} 02769	
8. List ALL directors (names and ad	idresses)		T- 1		box to indicate ar	attachment 🔲	
Director Name Glen E. Hagman		Director Name Craig R. Finizia					
Street Address 201 Rocky Hill Road			Street Address 191 Hebron Avenue				
201 Rocky Hill F	toau		<u></u>				
201 Rocky Hill F	State MA	^{Zıp} 02769	City See	konk	State MA	^{Ζιρ} 02771	
	Ctate	^{Zıp} 02769	City See		TState	^{Ζιρ} 02771	
^{City} Rehoboth	Ctate	^{Z₁p} 02769		ime	TState	^{Ζ_{ιρ}} 02771	
City Rehoboth Director Name	Ctate	Zip 02769	Director Na	ime	State MA	Zip 02771	
City Rehoboth Director Name Street Address City 9. Shares Authorized	State MA	Zip	Director Na Street Addr City	ress Check the	State MA State e box to indicate a	Zip	
City Rehoboth Director Name Street Address City	State MA	Zip 10. Shares Issu	Director Na Street Addr City	Check the	State State e box to indicate a	Zip	
City Rehoboth Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State.	State MA	Zip	Director Na Street Addr City	ress Check the	State MA State e box to indicate a	Zip	
City Rehoboth Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing.	State State	Zip 10. Shares Issumber of	Director Na Street Addr City ued SHARES	Check the	State State e box to indicate a	Zip n attachment PAR VALUE	
City Rehoboth Director Name Street Address City 9. Shares Authorized This Information is currently of record Department of State. Changes require an additional filling.	State State In the	Zip 10. Shares Issumble of 1000 orporation by an all	Director Na Street Addr City ued SHARES	Check the CLASS/SFI	State State e box to indicate a	Zip n attachment PAR VALUE	
City Rehoboth Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed onceiver or trustee, this report must be	State State State The behalf of the concept of th	Zip 10. Shares Issuming the second s	Director Na Street Addr City ued SHARES	Check the CLASS/SEI Common Cresentative. If the correceiver or trustee.	State State e box to indicate a RIES \$.01	Zip n attachment PAR VALUE	
City Rehoboth Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed on ceiver or trustee, this report must be under penalty of perjury, I declar statements, and that all statements.	State State State In behalf of the come executed on behalf of the come and affirm the contained here.	Zip 10. Shares ISSU NUMBER OF 1000 orporation by an arehalf of the corporation at I have examine	Director Na Street Addr City ued SHARES uthorized repration by the red this report	Check the CLASS/SEI Common Cresentative. If the correceiver or trustee.	State e box to indicate a RIES \$.01	Zip n attachment PAR VALUE	
City Rehoboth Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filling. 11. This report must be executed on ceiver or trustee, this report must be Under penalty of perjury, I declar	State State State In behalf of the come executed on behalf of the come and affirm the contained here.	Zip 10. Shares ISSU NUMBER OF 1000 orporation by an arehalf of the corporation at I have examine	Director Na Street Addr City ued SHARES uthorized repration by the red this report	Check the CLASS/SEI Common Cresentative. If the correceiver or trustee.	State State e box to indicate a RIES \$.01	Zip n attachment PAR VALUE	

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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