RI SOS Filing Number: 202568034200 Date: 3/20/2025 4:00:00 PM

State of Rhode Island						FILED		
Department of State - Business Services Division					MAR 2 0 2025			
Annual Report for the year: Corporation	(20) -							
→ 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 2. Exact name of the Corporation								
000120197 Joseph's Underground Lawn Sprinklers, Inc.								
Principal Office Address Chamberlain Street		·	City Johnst				^{Zip} 02919	
4. NAICS Code 238 9 90	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) President Name Joseph Barattini				Check the box to indicate an attachment Uvice-President Name Joseph Barattini				
Street Address 3 Chamberlain Street			Street Address 3 Chamberlain Street					
^{City} Johnston	State RI	^{Zip} 02919	City Johr	nston	State	RI	^{Zip} 02919	
Secretary Name Joseph Barattini			Treasurer Name Joseph Barattini					
Street Address 3 Chamberlain Street			Street Add	Street Address 3 Chamberlain Street				
^{City} Johnston	State RI	^{Zip} 02919	^{City} Johnston		State	State RI Zic		
8. List ALL directors (names and addresses) Director Name			Director Ma	Check the box to indicate an attachment Director Name				
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Street Address			Street Address					
City	State	Zıp	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 reco	rd in the	10. Shares Issue		Check the b			achment	
Department of State. Changes require an additional filing.		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 re-								
ceiver 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					Date			
Joseph Barattini					3/19/2025			
Signature of Authorized Representative May TO:								
MAIL TO:								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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