



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 000157013 - | | 2. Exact name of the Corporation PROGRESSIVE LAWN SPRINKLER INC. | |
| 3. Principal Office Address 65 CANDACE ST. | | City PROVIDENCE | State R.I |
| | | Zip 02908 | |
| 4. NAICS Code 332919 | 6. Brief description of the character of business conducted in Rhode Island IRRIGATION SYSTEMS | | |
| 5. State of Incorporation R.I | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name SATURNINO A. RAMOS | | Vice-President Name SATURNINO A. RAMOS | |
| Street Address 61 THURBER AV. | | Street Address 61 THURBER AV. | |
| City BROCKTON | State MA | Zip 02301 | City BROCKTON |
| Secretary Name SATURNINO A. RAMOS | | Treasurer Name SATURNINO A. RAMOS | |
| Street Address 61 THURBER AV. | | Street Address 61 THURBER AV. | |
| City BROCKTON | State MA | Zip 02301 | City BROCKTON |
| 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 |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| 9. Shares Authorized | | 10. Shares Issued 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. | | NUMBER OF SHARES | |
| | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | 100 | |
| | | 0 | |
| 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 SATURNINO A. RAMOS | | Date 03/26/2025 | |
| 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

FILED

MAR 26 2025

BY **675 AA**

FORM 630- Revised: 12/2023