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	2. Exact name of the Corporation			
000157013 —	PROGRESSIVE LAWN SPRINKLER INC.			
3. Principal Office Address		**City**	**State**	**Zip**
65 CANDACE ST.		PROVIDENCE	R.I	02908
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
332919 —	IRRIGATION SYSTEMS			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
SATURNINO A. RAMOS	SATURNINO A. RAMOS
Street Address: 61 THURBER AV.	Street Address: 61 THURBER AV.
City: BROCKTON / State: MA / Zip: 02301	City: BROCKTON / State: MA / Zip: 02301
Secretary Name	**Treasurer Name**
SATURNINO A. RAMOS	SATURNINO A. RAMOS
Street Address: 61 THURBER AV.	Street Address: 61 THURBER AV.
City: BROCKTON / State: MA / Zip: 02301	City: BROCKTON / State: MA / Zip: 02301

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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	Date
SATURNINO A. RAMOS	03/26/2025

Signature of Authorized Representative: S. Ramos

FILED
MAR 26 2025
BY 675 AA.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023