



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.

FILED
APR 25 2025
BY 1536de

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 ☐					
President Name Craig R. Finizia			Vice-President Name		
Street Address 191 Hebron Ave.			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
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	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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	City Seekonk	State MA	Zip 02771
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 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. 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 Craig R. Finizia					Date 4-10-25
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