



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 45183		2. Name of Corporation Scituate Portable Restrooms, Inc.			
3. Street Address Principal Business Office 1375 Warwick Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. 401-463-5600		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island sewerage disposal systems					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dianna S. Aguiar			Vice President Name Donna M. Rescio		
Street Address 105 Charlotte Drive			Street Address 6 Heath Street		
City Warwick	State RI	Zip 02886	City Johnston	State RI	Zip 02919
Secretary Name Donna M. Rescio			Treasurer Name Dianna S. Aguiar		
Street Address 6 Heath Street			Street Address 105 Charlotte Drive		
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dianna S. Aguiar			Director Name Donna M. Rescio		
Street Address 105 Charlotte Drive			Street Address 6 Heath Street		
City Warwick	State RI	Zip 02886	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common No Par Value		400	Common	No Par Value
			THIS SECTION MUST BE COMPLETED		

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.

**FILED**

File Date: FEB 29 2008

Check No. DS 004905

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date: 2/28/08

Signature: Donna M. Rescio

Print or Type Name: Donna M. Rescio

Title: Vice President