



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 **DS 004905**
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.

Donna M. Rescio 2/28/08
Signature Date
Donna M. Rescio
Print or Type Name
Vice President
Title