RI SOS Filing Number: 200809696660 Date: 03/10/2008 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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.	2. Name of Corporation		
68705	Louisiana Chemical Dismantling Co., Inc.		
3. Street Address Principal Business Office	City	State	Zip
#24 27th Street	Kenner	LA	70062
4. Business Phone No.	5. State of Incorporation		
504-464-0770	Louisiana		

6. Brief Description of the Character of Business Conducted in Rhode Island

Demolition Contracting and Asbestos Abatement

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Jay A. Schwall	Phillip Mapp
Street Address: #24 27th Street	Street Address: #24 27th Street
City: Kenner; State: LA; Zip: 70062	City: Kenner; State: LA; Zip: 70062
Secretary Name: Betty Schwall	Treasurer Name: Betty Schwall
Street Address: #24 27th Street	Street Address: #24 27th Street
City: Kenner; State: LA; Zip: 70062	City: Kenner; State: LA; Zip: 70062

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Thomasina DiConza	
Street Address: #24 27th Street	Street Address:
City: Kenner; State: LA; Zip: 70062	City: ; State: ; Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NoPar Value	

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	No Par Value	

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.

[redacted]

FILED

File Date: MAR 10 2008

Check No.: By 45649

By: 21510-5-243687

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Jay A Schwall 2-8-08

Signature *Date*

Jay A. Schwall

Print or Type Name

President

Title

Form 630 Rev. 08/06