



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.<br><u>131500</u>   |                    | 2. Name of Corporation<br><u>The OnSite Collaborative Ltd</u> |                    |                                  |
| 3. Street Address, Principal Business Office<br><u>308 Sneeck Pond Rd</u>  |                    | City<br><u>Cumberland</u>                                     | State<br><u>RI</u> | Zip<br><u>02864</u>              |
| 4. Business Phone No.<br><u>401-316-1496</u>   |                    | 5. State of Incorporation<br><u>Rhode Island</u>              |                    |                                  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u>Design Installation of Septic Systems</u>                                |                    |   |                    |                                  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |                    |                                  |
| President Name<br><u>DAVID B. DOW</u>  |                    | Vice President Name   |                    |                                  |
| Street Address<br><u>308 Sneeck Pond Rd</u>  |                    | Street Address  |                    |                                  |
| City<br><u>Cumberland</u>  | State<br><u>RI</u> | Zip<br><u>02864</u>   | City               | State                            |
| Secretary Name   |                    | Treasurer Name  |                    |                                  |
| Street Address   |                    | Street Address  |                    |                                  |
| City   | State              | Zip   | City               | State                            |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |   |                    |                                  |
| Director Name  |                    | Director Name   |                    |                                  |
| Street Address   |                    | Street Address  |                    |                                  |
| City   | State              | Zip   | City               | State                            |
| Director Name  |                    | Director Name   |                    |                                  |
| Street Address   |                    | Street Address  |                    |                                  |
| City   | State              | Zip   | City               | State                            |
| 9. SHARES AUTHORIZED   |                    |   |                    |                                  |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |                    |                                  |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED   |                    |   |                    |                                  |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |                    | Number of Shares<br><u>100</u>                                | Class/Series       | Par Value<br><u>No Par/Value</u> |

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 CORPORATION DIVISION  
 STATE OF RHODE ISLAND

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 NOV 18 2008

Check No. 073362

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] 11-15-08  
Signature Date

DAVID B. DOW  
Print or Type Name

President  
Title