

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

401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30Filing 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(cctd)) is

| subject to a penalty fee of \$25.00. | JOINES, EUR COS POSITIONS JU | seering or represent to your to drove | , | , | | |
|---|------------------------------|---------------------------------------|--|--------------|---------------|--|
| 1. Corporate ID No. 2. Name of Corporation | | | | | | |
| 128046 3. Street Address Principal Business O | RICK | Boyer, 1 | NC. | | T +2 | |
| 3. Street Address Principal Business O | ffice + 1 | 9 | City | State R I | 02920 | |
| 4. Business Phone No. | TON Ave | 5 State of Incorporation | Cransian | | 102120 | |
| | | | eleval | | | |
| (401) 946-21 6. Brief Description of the Character of | f Business Conducted in R | bode Island | 3 / Q / / (A | | | |
| Environmental Health and Safety Consulting Services | | | | | | |
| Environmental, Health and Safety Consulting Services 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | |
| President Name | | | Vice President Name | | | |
| Richard A Boyer | | | None | | | |
| Richard A Boyer Street Address 195 Farmington Auc City Cranston State RI 02920 | | | Street Address | | | |
| City | State 77 T | Zψ σ OCC O σ | City | State | Zφ | |
| L ranston | 1 | 02920 | Treasurer Name | | | |
| None | | | None | | | |
| Street Address | | | Street Address | | | |
| City | State | Ζip | City | State | Zψ | |
| | | | _ | _ | <u> </u> | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | G ATTACHMENTS | |
| Director Name | | | Director Name None | | | |
| Richard A Boyer | | | Street Address | | | |
| Street Address 195 Farmington Ave City Cranston RI 02920 | | | | | | |
| City _ | State | Ζip | City | State | Zip | |
| Cranston | RI | 02920 | , , , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Director Name | | | Director Name None | | | |
| None | | | • • • • • • • • • • • • • • • • • • • | | | |
| Street Address | | | Street Address | | | |
| City | State | Ζij | City | State | Ζip | |
| | | | i ! ! | | | |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | |
| 100 No Par Value | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | |
| This information is currently of record in the Office of the Secretary of | | | Number of Shares | Class/Series | Par Value | |
| State. Changes require an additional filing. See Section 9 of instruction sheet. | | | None (0) | | | |
| | | | | | | |
| | | | 1 77.1 | | | |
| 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. | | | | | | |
| this report must be executed on behalf of the corporation by the receiver of 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 |
|---------------------------------|---|
| File Dave 1-20-09 | contained berein are true and correct Ruhael Cloque 1/17/09 |
| Check No. 2/63 | Richard A. Boyer |
| Sy: | Print or Type Name President |
| FOR SECRETARY OF STATE USE ONLY | Title Form 630 Rev. 08/08 |