

FOR SECRETARY OF STATE USE ONLY

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 2009

401.222.304

Filling Period: January 1 - March 1 • Filling 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(codd)) is subject to a penalty for all \$25.00

I. Corporate ID No. 121271	2. Name of Corporation Ocean State En	2. Name of Corporation Ocean State Environmental Co. Inc.				
3. Street Address Principal Business Office 51 Green Hill Road			City Johnston	State RI	Σίρ 02919	
Rhode Island						
6. Brief Description of the Character The demolition of all struct	of Business Conducted in tures, general constru	Rhode Island ction and snow plowin	ıa		<u> </u>	
7. NAMES AND ADDRESSE President Name Linda Macaruso	S OF THE OFFICERS:	("X" BOX FOR ATTA	ACHMENT)  FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Street Address			Steven Macaruso			
24 Bishop Hill Road			Street Address 18 1/2 Milton Street			
City Johnston Secretary Name	State RI	Ζψ 02919	City Johnston	State RI	<sup>Ζψ</sup> 02919	
Steven Macaruso			Treasurer Name Linda Macaruso			
Street Address 18 1/2 Milton Street			Street Address 24 Bishop Hill Road			
Johnston	State RI	<sup>Zip</sup> 02919	cuy Johnston	State RI	Ζίρ 02919	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name Linda Macaruso Street Address			TACHMENT)  TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Steven Macaruso			
24 Bishop Hill Road			Street Address 18 1/2 Milton Street			
Johnston Director Name	State   RI	Ζώ   02919 	City  Johnston  Director Name	State RI	<i>Ζψ</i> 02919	
Street Address			Street Address			
City	State	Zip	270			
0.071.770		2.4	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  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	Class/Series	Par Value	
			100	COMMON	NONE	
This report must be executed this report must be executed to	on behalf of the corpo	oration by an authorize ration by the receiver o	it trustee.		of a receiver or trustee,	
File Date 24/9	209		contained herein a	ompanying schedules and state the true and correct.	ements, and that all statements	
Check No. 52	33_		Signature Linda Macar		Date	
By:MMC			Print or Type Name			

President

Title