

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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(c), each composition failing or solving to file in annual manual m

Providence, RI 02904-2615 401.222.3040

		iting or rejusing to fite its and	nual report within thirty (30) days after	the time prescribed by law (R.	.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 75192	2. Name of Corporation Enviro-Logistics				
3. Street Address Principal Business Office 4571 OWENSVILLE- SUDLEY ROAD			City HARWOOD	State MD	^{Zip} 20776
4. Business Phone No. 5. State of Incorporation 4108676220 RHODE ISLAND					1-0.10
6. Brief Description of the Character of Consulting service, evaluation	of Business Conducted in R on of alternatives to a	bode Island Avoid pollution, legal li	abilities of environmentally da	maging substances	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [] FILL IN SPACE	S BEFORE USING ATT	'ACHMÈNTS
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name					
Katherine Pratt			Kirsten Bella-Pratt		
Street Address 4571 Owensville-Sudiey Road			Street Address 1030 Flicker Lane		
City Harwood	State MD	^{Zip} 20776	City Fairfield	State CA	94533
Secretary Name Katherine Pratt			Treasurer Name Katherine Pratt		
Street Address 4571 Owensville-Sudley Road			Street Address 4571 Owensville-Sudley Road		
City Harwood	State MD	^{Ζίρ} 20776	City Harwood	State MD	<i>Zip</i> 20776
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	I CES BEFORE USING AT	i
None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	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
			5334	Common	\$1.00 par
				·	

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.

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
2 11 10	contained herein are true and correct.
File Date 34/6-09	Marlie's (, as 3-13-29
Check No. 1046	Signature Date
	Katherine Cratt
By:	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	resident
	Title Form 630 Rev. 08/08
	10111 050 161, 00100