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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 2009

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			
53026	Contaminant Recovery Systems, Inc.			
3. Street Address Principal Business Office		City	State	Zip
773 Nate Whipple Highway		Cumberland	RI	02864
4. Business Phone No.	5. State of Incorporation			
401-333-6603	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To deal in manufactured items for wastewater treatment equipment

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

President Name			Vice President Name		
Christopher G. Bradbury			Patricia A. Bradbury		
Street Address			Street Address		
773 Nate Whipple Highway			773 Nate Whipple Highway		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
Secretary Name			Treasurer Name		
Christopher G. Bradbury			Christopher G. Bradbury		
Street Address			Street Address		
773 Nate Whipple Highway			773 Nate Whipple Highway		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864

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

Director Name			Director Name		
Christopher G. Bradbury			Patricia A. Bradbury		
Street Address			Street Address		
773 Nate Whipple Highway			773 Nate Whipple Highway		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
2,500	Common	No Par Value	1,000	Common	No Par Value
			1,500	Series A. Pref.	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] [redacted]

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By: By 374

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38760-15-412947

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 [redacted] *Date* 9/30/09

Christopher G. Bradbury
Print or Type Name

[redacted] President
Title

Form 630 Rev. 12/06