



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. 161602		2. Name of Corporation LAKEVIEW ENTERPRISES, INC.			
3. Street Address Principal Business Office P.O. BOX 502			City BLACKSTONE	State MA	Zip 01529-0502
4. Business Phone No. 508-883-2980		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island WASTE REMOVAL SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN LEFRANCOIS			Vice President Name JOHN LEFRANCOIS		
Street Address 50 FOX RUN ROAD			Street Address 50 FOX RUN ROAD		
City BLACKSTONE	State MA	Zip 01504-3303	City	State	Zip
Secretary Name JOHN LEFRANCOIS			Treasurer Name JOHN LEFRANCOIS		
Street Address 50 FOX RUN ROAD			Street Address 50 FOX RUN ROAD		
City BLACKSTONE	State MA	Zip 01504-3303	City BLACKSTONE	State MA	Zip 01504-3303
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN LEFRANCOIS			Director Name		
Street Address 50 FOX RUN ROAD			Street Address		
City BLACKSTONE	State MA	Zip 01504-3303	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	COMMON	NO PAR	1,000	COMMON	NO PAR

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 CORPORATIONS DIVISION

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.

DS 117008

By: \_\_\_\_\_

File Date: APR 27 2010

Check No. \_\_\_\_\_

By: **FILED**

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: *John Lefrancois* Date: 4/20/10

JOHN LEFRANCOIS  
Print or Type Name  
PRESIDENT  
Title