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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 2010

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		
496767	DSM ENVIRONMENTAL SERVICES, INC.		
3. Street Address Principal Business Office	City	State	Zip
15 STATE STREET	WINDSOR	VT	05089
4. Business Phone No.	5. State of Incorporation		
802-674-2840	VERMONT		

6. Brief Description of the Character of Business Conducted in Rhode Island
Environmental Consulting

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

President Name	Vice President Name
THEODORE SIEGLER	NATALIE STARR
Street Address: 15 STATE ST.	Street Address: 15 STATE ST.
City: WINDSOR State: VT Zip: 05089	City: WINDSOR State: VT Zip: 05089
Secretary Name	**Treasurer Name**
HAMILTON GILLETT	NATALIE STARR
Street Address: 16 STATE ST.	Street Address: 15 STATE ST.
City: WINDSOR State: VT Zip: 05089	City: WINDSOR State: VT Zip: 05089

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

Director Name	Director Name
NONE	NONE
Street Address: NONE	Street Address: NONE
City: NONE State: NONE Zip: NONE	City: NONE State: NONE Zip: NONE
Director Name	**Director Name**
NONE	NONE
Street Address: NONE	Street Address: NONE
City: NONE State: NONE Zip: NONE	City: NONE State: NONE Zip: NONE

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	NONE	0.00

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]

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.

6.21.10
Signature *Date*

THEODORE SIEGLER
Print or Type Name

PRESIDENT
Title

[redacted]

File Date FILED
Check No. JUN 23 2010
By: By 6832
FOR SECRETARY OF STATE USE ONLY
50500-30-528595

Form 630 Rev. 08/08