



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. 486767		2. Name of Corporation DSM ENVIRONMENTAL SERVICES, INC.					
3. Street Address Principal Business Office 15 STATE STREET		City WINDSOR	State VT	Zip 05089			
4. Business Phone No. 802-674-2840		5. State of Incorporation 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 THEODORE SIEGLER		Vice President Name 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 HAMILTON GILLETT		Treasurer Name NATALIE STARR					
Street Address 15 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 NONE		Director Name NONE					
Street Address NONE		Street Address NONE					
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE		
Director Name NONE		Director Name NONE					
Street Address NONE		Street Address NONE					
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.					ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
					Number of Shares 100	Class/Series NONE	Par Value 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.

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: THEODORE SIEGLER Date: 6-21-10
Print or Type Name: PRESIDENT
Title: _____

File Date	FILED
Check No.	JUN 23 2010
By:	<u>6832</u>
FOR SECRETARY OF STATE USE ONLY	