



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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 66825		2. Name of Corporation PLYMOUTH ENVIRONMENTAL SERVICES, INC.		
3. Street Address Principal Business Office 7 PEZZULLO ST		City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-946-4100		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island BUILDING TRADE CONTRACTOR				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name VICTORIA DUORKIN		Vice President Name PHILIP B. RENZI		
Street Address 7 PEZZULLO ST		Street Address 7 PEZZULLO ST		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI
Secretary Name VICTORIA DUORKIN		Treasurer Name VICTORIA DUORKIN		
Street Address 7 PEZZULLO ST		Street Address 7 PEZZULLO ST		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name VICTORIA DUORKIN		Director Name		
Street Address 7 PEZZULLO ST		Street Address		
City JOHNSTON	State RI	Zip 02919	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 100	Class/Series	Par Value

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 RECEIVED
 CORPORATIONS DIVISION
 STATE

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.

FILED

File Date **MAR 29 2011**
 Check No. **By [Signature]**
 By: _____
 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] **3-29-11**
 Signature Date
BERNARD P. RENZI
 Print or Type Name
V. PRES.
 Title