RI SOS Filing Number: 201181591620 Date: 08/25/2011 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
419607	Diverse Environmental LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	Asbestos Demo

5. Principal office address	City	State	Zip
33 Lexington Ave	Cranston	RI	02910

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jose Fernandez	V.P

Street Address	City	State	Zip
33 Lexington Ave	Cranston	RI	02910

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
X	
Street Address	Street Address
City / State / Zip	City / State / Zip
Manager Name	Manager Name
X	
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
Address	City / Zip

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 AUG 25 AM 9:20

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

9:20
FILED
AUG 25 2011
By
150835

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.

8-25-11
Signature of Authorized Person *Date*

Jose Fernandez
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: 66682-1-558894
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07