



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

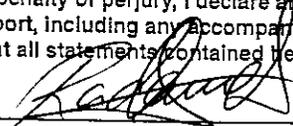
1. Entity ID No. 155621		2. Exact name of the Corporation SPAIN ENVIRONMENTAL INC			
3. Principal office address 300 SMITHFIELD RD P2-9		City NORTH PROVIDENCE	State RI	Zip 02911	
4. Business Phone No. (401) 9962924		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island General Construction & Lead Removal					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RADAMES CANIBANO			Vice-President Name		
Street Address 300 SMITHFIELD RD P2-9			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	City State Zip		
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City State Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City State Zip		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City State Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	CLASS/SERIES	PAR VALUE
			0		

FEB - 6 PM 12:04
 STATE DIVISION OF CORPORATIONS

FILED

FEB 06 2013

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 of Authorized Representative 2/6/13
 Date
 Radames Canibano
 Print or Type Name of Authorized Representative

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

29-189388