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 2012

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.	2. Exact name of the Corporation		
000162211	EnviroVanatage, Inc.		
3. Principal office address: 629 Calef Hwy	City: Eppin	State: NH	Zip: 03042
4. Business Phone No.: 603-679-9682	5. State of Incorporation: NH		

6. Brief description of the character of business conducted in Rhode Island
Asbestos, Lead, Mold, Water Damage, Restoration, Environmental Contracting

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Scott Knightly			NONE		
Street Address: 629 Calef Hwy			Street Address		
City: Epping	State: NH	Zip: 03042	City	State	Zip
Secretary Name: Scott Knightly			Treasurer Name: Scott Knightly		
Street Address: 629 Calef Hwy			Street Address: 629 Calef Hwy		
City: Epping	State: NH	Zip: 03042	City: Epping	State: NH	Zip: 03042

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
NONE			NONE		
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

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	0

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SECRETARY OF STATE
CORPORATIONS DIV.
2013 JUL -8 AM 11:28

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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JUL 0 8 2013
BY 201048
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05/02/2013
Signature of Authorized Representative — Date

Scott A Knightly President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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