



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 2011

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. 000162211		2. Exact name of the Corporation 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) <input type="checkbox"/>					
President Name Scott Knightly			Vice-President Name 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) <input type="checkbox"/>					
Director Name NONE			Director Name 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			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
			300	COMMON	0

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CORPORATIONS DIV
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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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Scott A Knightly

Signature of Authorized Representative

05/02/2013

Date

Scott A Knightly

President

Print or Type Name of Authorized Representative