



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 2015**

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. <b>45183</b>		2. Exact name of the Corporation <b>Scituate Portable Restrooms, Inc.</b>						
3. Principal office address <b>1375 Warwick Avenue</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>				
4. Business Phone No. <b>(401) 463-5600</b>		5. State of Incorporation <b>Rhode Island</b>						
6. Brief description of the character of business conducted in Rhode Island <b>Provider of portable restroom service.</b>								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name <b>Donna M. Rescio</b>			Vice-President Name <b>Dianna S. Aguiar</b>					
Street Address <b>6 Heath Street</b>			Street Address <b>20 Dogwood Drive</b>					
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>			
Secretary Name <b>Donna M. Rescio</b>			Treasurer Name <b>Dianna S. Aguiar</b>					
Street Address <b>6 Heath Street</b>			Street Address <b>20 Dogwood Drive</b>					
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name <b>Donna M. Rescio</b>			Director Name <b>Dianna S. Aguiar</b>					
Street Address <b>6 Heath Street</b>			Street Address <b>20 Dogwood Drive</b>					
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>			
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
						400	Common	No Par Value

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

**FILED**

**JAN 26 2015**

**BY**

*Donna M. Rescio*

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.

*Donna M. Rescio*

Signature of Authorized Representative

Date

**1-23-2015**

**Donna M. Rescio - President**

Print or Type Name of Authorized Representative