



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 5300		2. Name of Corporation Earl Senior Sanitation, Inc.			
3. Street Address Principal Business Office 26 Hillside Avenue			City Rehoboth	State MA	Zip 02769
4. Business Phone No. 508-252-4668		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSTRUCTION AND MAINTENANCE OF SANITARY SEWER SYSTEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Earl T.P. Croome, Jr.			Vice President Name Earl T.P. Croome, Jr.		
Street Address 26 Hillside Avenue			Street Address 26 Hillside Avenue		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Earl T.P. Croome, Jr.			Treasurer Name		
Street Address 26 Hillside Avenue			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			160		No par

05 JAN 25 PM 2:48  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date **JAN 25 2005**

Check No. **By M 56763**

By: **GA**

FOR SECRETARY OF STATE USE ONLY

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.

*Earl T.P. Croome, Jr.*  
Signature of Officer 1/15/05  
Date

**Earl T.P. Croome, Jr.**  
Print or Type Name of Officer

**President**  
Title of Officer