



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 5300 f/k/a		2. Name of Corporation Earl Senior Sanitation, Inc.		
3. Street Address Principal Business Office 11 South Meadow		City Barrington	State RI	Zip 02806
4. Business Phone No. 508 252-4668		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888

Brief Description of the Character of Business Conducted in Rhode Island
CONSTRUCTION AND MAINTENANCE OF SANITARY SEWER SYSTEMS

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 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 Ave.		Street Address 26 Hillside Ave.		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA
Secretary Name Earl T.P. Croome, Jr.		Treasurer Name Earl T.P. Croome, Jr.		
Street Address 26 Hillside Ave.		Street Address 26 Hillside Ave.		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State

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 value	

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



* 5 3 0 0 *

File Date: 2/19/04
Check No.: 17619
By: [Signature]

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.

[Signature] 2/17/04
Signature of Officer: Earl T.P. Croome, Jr. Date
Print or Type Name of Officer: President
Title of Officer