



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 5300		2. Name of Corporation CROOME BROS. SANITATION, INC.			
3. Street Address 2700 Hospital Trust Tower		City Providence		State RI	Zip 02903
4. Business Phone No. 401 274-9200		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 (EX BOX FOR ATTACHMENT)					
President Name Earl T.P. Croome			Vice President Name Earl T.P. Croome		
Street Address 30 Hillside Ave.			Street Address 30 Hillside Ave.		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Earl T.P. Croome			Treasurer Name Earl T.P. Croome		
Street Address 30 Hillside Ave.			Street Address 30 Hillside Ave.		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
9. NAMES AND ADDRESSES OF THE DIRECTORS (EX BOX FOR ATTACHMENT)					
Director Name Earl T.P. Croome			Director Name None		
Street Address 30 Hillside Ave.			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (EX BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR COM			160	No Par Com	

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



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File Date: **2/15/97**
Check No.: **13592**
By: **EC**
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 of Officer: **[Signature]** Date: **2/15/97**
Print or Type Name of Officer: **Earl T.P. Croome**
Title of Officer: **President**