



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

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**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

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.<br><b>22569</b>  |                    | 2. Exact name of the Corporation<br><b>LINCOLN ENVIRONMENTAL, INC.</b> |   |                    |                          |
| 3. Principal office address<br><b>88 NORTH MAIN STREET, PO BOX 663</b>  |                    | City<br><b>SLATERSVILLE</b>  |   | State<br><b>RI</b> | Zip<br><b>02876-0663</b> |
| 4. Business Phone No.<br><b>4017652543</b>  |                    | 5. State of Incorporation<br><b>RI</b>                                 |   |                    |                          |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>ENVIRONMENTAL CONSULTANTS, CONTRACTOR AND WASTE TRANSPORTER</b>             |                    |  |   |                    |                          |
| <b>LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>   |                    |  |   |                    |                          |
| President Name<br><b>GARY S. EZOVSKI</b>  |                    |  | Vice-President Name<br><b>GARY S. EZOVSKI</b>             |                    |                          |
| Street Address<br><b>88 NORTH MAIN STREET, PO BOX 663</b>   |                    |  | Street Address<br><b>88 NORTH MAIN STREET, PO BOX 663</b> |                    |                          |
| City<br><b>SLATERSVILLE</b>   | State<br><b>RI</b> | Zip<br><b>02876-0663</b>   | City<br><b>SLATERSVILLE</b>                               | State<br><b>RI</b> | Zip<br><b>02876-0663</b> |
| Secretary Name<br><b>GARY S. EZOVSKI</b>  |                    |  | Treasurer Name<br><b>GARY S. EZOVSKI</b>                  |                    |                          |
| Street Address<br><b>88 NORTH MAIN STREET, PO BOX 663</b>   |                    |  | Street Address<br><b>88 NORTH MAIN STREET, PO BOX 663</b> |                    |                          |
| City<br><b>SLATERSVILLE</b>   | State<br><b>RI</b> | Zip<br><b>02876-0663</b>   | City<br><b>SLATERSVILLE</b>                               | State<br><b>RI</b> | Zip<br><b>02876-0663</b> |
| <b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>  |                    |  |   |                    |                          |
| Director Name<br><b>GARY S. EZOVSKI</b>   |                    |  | Director Name<br><b>NONE</b>                              |                    |                          |
| Street Address<br><b>88 NORTH MAIN STREET, PO BOX 663</b>   |                    |  | Street Address  |                    |                          |
| City<br><b>SLATERSVILLE</b>   | State<br><b>RI</b> | Zip<br><b>02876-0663</b>   | City  | State              | Zip                      |
| Director Name<br><b>NONE</b>  |                    |  | Director Name<br><b>NONE</b>                              |                    |                          |
| Street Address  |                    |  | Street Address  |                    |                          |
| City  | State              | Zip  | City  | State              | Zip                      |
| <b>9. SHARES AUTHORIZED</b>   |                    |  |   |                    |                          |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet. |                    |  |   |                    |                          |
| <b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b>   |                    |  |   |                    |                          |
| NUMBER OF SHARES  |                    | CLASS/SERIES   |   | PAR VALUE          |                          |
| 61  |                    | 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  
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**FILED**  
JAN 15 2016

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 Authorized Representative

**GARY S. EZOVSKI**

Print or Type Name of Authorized Representative

1-13-16  
Date