



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 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. 000126023		2. Exact name of the Corporation Comanco Environmental Corporation			
3. Principal office address 4301 Sterling Commerce Drive		City Plant City	State FL	Zip 33566-7372	
4. Business Phone No. 813-988-8829		5. State of Incorporation FL			
6. Brief description of the character of business conducted in Rhode Island ENVIRONMENTAL PROTECTION: LINING AND PIPING SYSTEMS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Mark A. Topp		Vice-President Name Artemas L Holmes III			
Street Address 4301 Sterling Commerce Dr		Street Address 4301 Sterling Commerce Dr			
City Plant City	State FL	Zip 33566-7372	City Plant City	State FL	Zip 33566-7372
Secretary Name Thomas M Topp		Treasurer Name Gregory Kimble			
Street Address 4301 Sterling Commerce Dr		Street Address 4301 Sterling Commerce Dr			
City Plant City	State FL	Zip 33566-7372	City Plant City	State FL	Zip 33566-7372
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Mark A. Topp		Director Name			
Street Address 4301 Sterling Commerce Dr		Street Address			
City Plant City	State FL	Zip 33566-7372	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			42,103	STK	\$.01

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

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

Date

Gregory Kimble

Print or Type Name of Authorized Representative

AUG 29 2016

BY **JPB 282363**