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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 2015

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.	2. Exact name of the Corporation
000126023	Comanco Environmental Corporation

3. Principal office address	City	State	Zip
4301 Sterling Commerce Drive	Plant City	FL	33566-7372

4. Business Phone No.	5. State of Incorporation
813-988-8829	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	Street Address	City	State	Zip
Mark A. Topp	4301 Sterling Commerce Dr	Plant City	FL	33566-7372

Vice-President Name	Street Address	City	State	Zip
Artemas L Holmes III	4301 Sterling Commerce Dr	Plant City	FL	33566-7372

Secretary Name	Street Address	City	State	Zip
Thomas M Topp	4301 Sterling Commerce Dr	Plant City	FL	33566-7372

Treasurer Name	Street Address	City	State	Zip
Gregory Kimble	4301 Sterling Commerce Dr	Plant City	FL	33566-7372

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Mark A. Topp	4301 Sterling Commerce Dr	Plant City	FL	33566-7372

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	42,051	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.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

1:00 **FILED**
AUG 29 2016
BY 2823623

Form No. 630
Revised: 01/2012
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