



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 **2013**

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) <input type="checkbox"/>					
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) <input type="checkbox"/>					
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) <input type="checkbox"/>		
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
			70,549	STK	\$.01

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 AUG 29 PM 12:57

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: _____

12:58 **FILED**

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 282363