| State of Rhode Island and Providence Plantations Department of State - Business Services Division | | | | | |
|--|------|--|--|--|--|
| Annual Report for the year: _Limited Liability Company | 2016 | | | | |

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number | 2. Exact name | of the Limited Lia | ibility Company | | | |
|---|---|---------------------------------------|---|------------------|---------------|--|
| 615876 | ECHO SEPTIC SERVICES, LLC | | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | | |
| 81 - Other Services (except Pul | Service and repair of septic systems and all other legal and lawful business. | | | | | |
| 5. State of Formation Rhode Island | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 481 Chestnut Hill Road, P.O. Box 129 | | Chepachet | RI | 02814 | | |
| 7. Mailing Address of Limited Lial | bility Company a | and Name or Title | of Contact Person | | | |
| Contact Name Vincent E. Lepore, Jr. | | Contact Title Manager | | | | |
| Street Address 481 Chestnut Hill Road, P.O. Box 129 | | City Chepachet | State RI | Zip 02814 | | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name Vincent E. Lepore, Jr. | | Manager Name | | | | |
| Street Address 481 Chestnut Hill Road, P.O. Box 129 | | Street Address | | | | |
| City Chepachet | State RI | ^{Zip} 02814 | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | Street Address | | | | |
| City | State | Zip | City | State | Zip | |
| Check the box to indicate an attachment | | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | | |
| Under penalty of perjury, I decl statements, and that all statem | are and affirm t ents contained | that I have exam herein are true : | ined this report, including and correct. | any accompanying | schedules and | |
| Name of Authorized Person | | | Date | | | |
| Vincent E. Lepore, Jr. | | | | 09- | 2)-16 | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 29 2016