



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 9326		2. Exact name of the Corporation Scituate Cesspool, Inc.												
3. Principal Office Address 1375 Warwick Avenue			City Warwick	State RI	Zip 02888									
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Sewage disposal system												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Barbara A. D'Allesandro			Vice-President Name Eugene K. D'Allesandro, Jr.											
Street Address 90 Peepthead Road			Street Address 26 Greenhill Road											
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919									
Secretary Name Barbara A. D'Allesandro			Treasurer Name Donna Rescio											
Street Address 90 Peepthead Road			Street Address 6 Heath Street											
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Barbara A. D'Allesandro			Director Name											
Street Address 90 Peepthead Road			Street Address											
City North Scituate	State RI	Zip 02857	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">500</td> <td style="text-align:center;">Common</td> <td style="text-align:center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par Value			
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			500	Common	No Par Value									
11. 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.														
Name of Authorized Representative Barbara A. D'Allesandro				Date 3-1-17										
Signature of Authorized Representative <i>Barbara A. D'Allesandro</i>														

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

MAR 15 2017

BY 022409