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	2. Exact name of the Corporation
9326	**Scituate Cesspool, Inc.**

3. Principal Office Address	City	State	Zip
1375 Warwick Avenue	**Warwick**	**RI**	**02888**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	**Sewage disposal system**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Barbara A. D'Allesandro	**Eugene K. D'Allesandro, Jr.**
Street Address: **90 Peeptoad Road**	Street Address: **26 Greenhill Road**
City: **North Scituate** State: **RI** Zip: **02857**	City: **Johnston** State: **RI** Zip: **02919**
Secretary Name	**Treasurer Name**
Barbara A. D'Allesandro	**Donna Rescio**
Street Address: **90 Peeptoad 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 ☐

Director Name	Director Name
Barbara A. D'Allesandro	
Street Address: **90 Peeptoad 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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: Barbara A. D'Allesandro

FILED
MAR 15 2017
BY 022409

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016