



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.

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 BUS SVCS DIV

2017 APR -7 AM 10:47

1. Entity ID Number 761705		2. Exact name of the Corporation FEN WEST, INC.			
3. Principal Office Address 1645 Shannock Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 22 - Utilities		6. Brief description of the character of business conducted in Rhode Island Septic pumping and excavation			
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 Thomas W. Burdick, Sr.			Vice-President Name Kimiko M. Burdick		
Street Address 10 Old Depot Road			Street Address 10 Old Depot Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Thomas W. Burdick, Sr.			Treasurer Name Thomas W. Burdick, Jr.		
Street Address 10 Old Depot Road			Street Address 10 Old Depot Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas W. Burdick, Sr.			Director Name Thomas W. Burdick, Jr.		
Street Address 10 Old Depot Road			Street Address 10 Old Depot Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			200 Common None		
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 Thomas W. Burdick, Sr., President					Date 4/11/17
Signature of Authorized Representative 					

FILED

APR 07 2017

BY

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