



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 **2017**

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. 22569		2. Exact name of the Corporation LINCOLN ENVIRONMENTAL, INC.			
3. Principal office address 88 NORTH MAIN STREET, PO BOX 663			City SLATERSVILLE	State RI	Zip 02876-0663
4. Business Phone No. 4017652543			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island ENVIRONMENTAL CONSULTANTS, CONTRACTOR AND WASTE TRANSPORTER					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GARY S. EZOVSKI			Vice-President Name GARY S. EZOVSKI		
Street Address 88 NORTH MAIN STREET, PO BOX 663			Street Address 88 NORTH MAIN STREET, PO BOX 663		
City SLATERSVILLE	State RI	Zip 02876-0663	City SLATERSVILLE	State RI	Zip 02876-0663
Secretary Name GARY S. EZOVSKI			Treasurer Name GARY S. EZOVSKI		
Street Address 88 NORTH MAIN STREET, PO BOX 663			Street Address 88 NORTH MAIN STREET, PO BOX 663		
City SLATERSVILLE	State RI	Zip 02876-0663	City SLATERSVILLE	State RI	Zip 02876-0663
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GARY S. EZOVSKI			Director Name NONE		
Street Address 88 NORTH MAIN STREET, PO BOX 663			Street Address		
City SLATERSVILLE	State RI	Zip 02876-0663	City	State	Zip
Director Name NONE			Director Name NONE		
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
			61	COMMON	NO PAR VALUE

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 AUG 16 2017
 8311

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

GARY S. EZOVSKI

Print or Type Name of Authorized Representative