RI SOS Filing Number: 201748592680 Date: 8/18/2017 2:57:00 PM

Annual Report for th	ne year: 2014				֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞	8.1. S	
Corporation  → Filing period: January 1 - March 1			<del>.</del>		Ğ		
			•		,		
→ Filing Fee: \$50.00 → Penalty: Additional \$2	5.00 fee if form is n	ot filed by April 1					
Entity ID Number		ne of the Corporation		<del></del>			
000140519		r Removal, Inc.	# F				
3. Principal Office Address		·	City	<u> </u>	State	Zip	
92 Farrell Street			Pawtucket	•	RI	02861	
I. NAICS Code	6. Brief desc	ription of the chara	cter of business of	conducted in Rhode	Island	<u> </u>	
23 - Construction	General co	nstruction includi	ing boiler demoli	tion and removal	•	7	
. State of Incorporation						** ** ** **	
RI							
. List ALL officers (names a	nd addresses)		1.0	Check	the box to indic	ate an attachment	
resident Name Robert Souc	Vice-President Name  Daniel Desautel						
Street Address 92 Farrell Street			Street Address 13 Consolation Avenue				
Pawtucket	StateRI	<sup>Zip</sup> 02861	City Pawtuck		State RI	<sup>Zip</sup> 02861	
ecretary Name Brian Soucy	· ·		Treasurer Nam	ne			
treet Address 13 Consolatio	Street Address						
<sup>ity</sup> Pawtucket	State RI	Zip <b>02861</b>	City		State	Zip	
. List ALL directors (names	and addresses)		-	Check	the box to indic	ate an attachment	
irector Name Robert Soucy	Director Name  Daniel Desautel						
treet Address 92 Farrell Stre	et		Street Address	13 Consolation St	reet		
Pawtucket Pawtucket	State Ri	<sup>Zip</sup> 02861	City Pawtucket		State RI	Zip <b>02861</b>	
rector Name Brian Soucy			Director Name	·		<b>_</b>	
treet Address	Street Address						
		7in	City		State	15:-	
Pawtucket .	State RI	<sup>Zip</sup> 02861	Çity		State	Zip	
Shares Authorized		10. Shares Iss		Check the box to indicate an attachme			
Department of State.  Changes require an additional filling.		100	JUNES	common	1	no par value	
						pai value	
This speed must be even	dod on boboli of the				.i.e.		
I. This report must be execustee, this report must be ex					pration is in the n	ands of a receiver o	
nder penalty of perjury, I d	ieclare and affirm t	hat I have examin	ed this report, in		npanying sched	dules and	
atements, and that all sta ame of Authorized Represe		nerein are true an	ia correct.	<u></u>	Date		
dward G. Lawson					7/14/2017		
gnature of Authorized Repre	esentative	/1		FII FN			
·	X-1	-ts		1 ILLD	2!	5 <sup>7</sup>	
,				AUG 1 8 2017			