



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018- Amended
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
2018 JAN -2 PM 1:07

1. Entity ID Number 3118		2. Exact name of the Corporation Burrillville Cesspool Cleaning	
3. Principal Office Address 550 Mowry Street		City Harrisville	State RI
		Zip 02830	
4. NAICS Code 237110	6. Brief description of the character of business conducted in Rhode Island Pump Septage		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael L. Young		Vice-President Name	
Street Address 550 Mowry Street		Street Address	
City Harrisville	State RI	Zip 02830	
Secretary Name		Treasurer Name Diane R. Young	
Street Address		Street Address 550 Mowry Street	
City	State	Zip	
		Harrisville	RI 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES 100	CLASS/SERIES 0
Changes require an additional filing.			
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 Michael L. Young		Date 12/27/2017	
Signature of Authorized Representative 		FILED JAN 02 2018	

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



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

January 02, 2018 01:07 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

