



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.

RECEIVE
 SECRETARY OF STATE
 CORPORATION 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	City	State	Zip
Secretary Name			Treasurer Name Diane R. Young		
Street Address			Street Address 550 Mowry Street		
City	State	Zip	City Harrisville	State RI	Zip 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	City	State	Zip
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		PAR VALUE
			100		0
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	

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

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