



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

| 1. Entity ID Number<br><b>530983</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 2. Exact name of the Corporation<br><b>Diffley &amp; Daughters Septic, Sewer &amp; Drain, Inc.</b>                                                        |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|------------------|--------------|-----------|-------------|---------------|------------|--|--|--|
| 3. Principal Office Address<br><b>33 Arnold Farm Road</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                           | City<br><b>West Greenwich</b>                                                                                                                                                                                                                                   | State<br><b>RI</b>    | Zip<br><b>02817</b> |                  |              |           |             |               |            |  |  |  |
| 4. NAICS Code<br><b>81 2990</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Sewer &amp; Drain Cleaning Service and Repair, Septic Tank Cleaning</b> |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
| President Name<br><b>Patrick Diffley</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                                                                                                                                                           | Vice-President Name<br><b>Sacha Diffley</b>                                                                                                                                                                                                                     |                       |                     |                  |              |           |             |               |            |  |  |  |
| Street Address<br><b>33 Arnold Farm Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                                           | Street Address<br><b>33 Arnold Farm Road</b>                                                                                                                                                                                                                    |                       |                     |                  |              |           |             |               |            |  |  |  |
| City<br><b>West Greenwich</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02817</b>                                                                                                                                       | City<br><b>West Greenwich</b>                                                                                                                                                                                                                                   | State<br><b>RI</b>    | Zip<br><b>02817</b> |                  |              |           |             |               |            |  |  |  |
| Secretary Name<br><b>Sacha Diffley</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                                                           | Treasurer Name<br><b>Patrick Diffley</b>                                                                                                                                                                                                                        |                       |                     |                  |              |           |             |               |            |  |  |  |
| Street Address<br><b>33 Arnold Farm Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                                           | Street Address<br><b>33 Arnold Farm Road</b>                                                                                                                                                                                                                    |                       |                     |                  |              |           |             |               |            |  |  |  |
| City<br><b>West Greenwich</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02817</b>                                                                                                                                       | City<br><b>West Greenwich</b>                                                                                                                                                                                                                                   | State<br><b>RI</b>    | Zip<br><b>02817</b> |                  |              |           |             |               |            |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
| Director Name<br><b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                                                                                                           | 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                           |                       |                     |                  |              |           |             |               |            |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                                                           | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1000</b></td> <td><b>Common</b></td> <td><b>.01</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                       |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>1000</b> | <b>Common</b> | <b>.01</b> |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                           | NUMBER OF SHARES                                                                                                                                                                                                                                                | CLASS/SERIES          | PAR VALUE           |                  |              |           |             |               |            |  |  |  |
| <b>1000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Common</b>      | <b>.01</b>                                                                                                                                                |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
| 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.<br><b>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.</b> |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |
| Name of Authorized Representative<br><b>Sacha Diffley</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 | Date<br><b>2/6/18</b> |                     |                  |              |           |             |               |            |  |  |  |
| Signature of Authorized Representative<br><i>Sacha Diffley</i>                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 | <b>FILED</b>          |                     |                  |              |           |             |               |            |  |  |  |
| <b>FEB 08 2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                       |                     |                  |              |           |             |               |            |  |  |  |

## MAIL TO:

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