



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.

FILED

FEB 21 2018

BY 26509

1. Entity ID Number 61660		2. Exact name of the Corporation Clean Environment, Inc.			
3. Principal Office Address PO Box 40934		City Providence		State RI	Zip 02940
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Environmental site assessments and engineering services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John E. Lavoie			Vice-President Name None		
Street Address PO Box 40934			Street Address		
City Providence	State RI	Zip 02940	City	State	Zip
Secretary Name John E. Lavoie			Treasurer Name John E. Lavoie		
Street Address PO Box 40934			Street Address PO Box 40934		
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02940
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIALS Common	PAR VALUE No par value
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 John E. Lavoie				Date 2/16/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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

FORM 630 - Revised: 10/2016