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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

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-> Penalty. Additional \$25.00		Theo by April 1.						
1. Entity ID Number 001669838		2. Exact name of the Corporation  BANNER ENVIRONMENTAL SERVICES, INC.						
	BAINTER			<del></del>	10	In:		
3. Principal Office Address			City		State	Zip		
31 HAYWARD STREET, SUITE 2A-205			FRANKLIN		MA	02038		
4. NAICS Code	<ol><li>Brief descri</li></ol>	Brief description of the character of business conducted in Rhode Island						
562000	ASBESTOS	ASBESTOS ABATEMENT, ASBESTOS SAMPLING, MOLD REMEDIATION, SELECT AND						
5. State of Incorporation	COMPLETE DEMO.							
MA								
7. List ALL officers (names and	addresses)			Check t	he box to indic	cate an attachment		
President Name STEPHANIE ROBL				Vice-President Name STEPHEN WENZEL				
Street Address 31 HAYWARD STREET, SUITE 2A-205			Street Address 31 H	Street Address 31 HAYWARD STREET, SUITE 2A-205				
City FRANKLIN	State MA	Zip <b>02038</b>	City FRANKLIN	<del></del>	State MA	Zip 02038		
Secretary Name STEPHANIE ROBL			Treasurer Name STEPHANIE ROBL					
Street Address 31 HAYWARD STREET, SUITE 2A-205			Street Address 31 H	Street Address 31 HAYWARD STREET, SUITE 2A-205				
City FRANKLIN	State MA	<sup>Zip</sup> 02038	City FRANKLIN		State MA	<sup>Zıp</sup> 02038		
8. List ALL directors (names and	addresses)		<u> </u>	Check t	he box to indi	cate an attachment		
Director Name STEPHANIE ROBL			Director Name	Director Name				
Street Address 31 HAYWARD STREET, SUITE 2A-205			Street Address	Street Address				
City FRANKLIN	State MA	Zip 02038	City		State	Zıp		
Director Name			Director Name	Director Name				
Street Address			Street Address					
City	State	Zıp	City		State	Zıp		
9. Shares Authorized		10. Shares Iss	sued	Check t	he box to indi	cate an attachment 🔲		
This information is currently of re	cord in the	NUMBER O		CLASS/SERIES		PAR VALUE		
Department of State.		. ہـــ		-0				
Changes require an additional fili	ng.	\	,			<del></del>		
11. This report must be execute	d on behalf of the	corporation by an	authorized representat	ive. If the corpor	ation is in the	hands of a receiver or		
trustee, this report must be exec	cuted on behalf of	the corporation by	the receiver or trustee	·				
Under penalty of perjury, I de- statements, and that all states				ling any accom	panying sch	edules and		
Name of Authorized Representa					Date			
STEPHANIE ROBL			2/22	118				
Signature of Authorized Repres	entative	SION DO	OUBLINE 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