

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 000661236		2. Exact name of the Corporation CROOME SANITATION, INC.			
3. Principal Office Address 26 HILLSIDE AVENUE			City REHOBOTH	State MA	Zip 02769
4. NAICS Code 562000		6. Brief description of the character of business conducted in Rhode Island SEPTIC SERVICES			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name EARL T.P. CROOME JR			Vice-President Name EARL T.P. CROOME JR		
Street Address 26 HILLSIDE AVE			Street Address 26 HILLSIDE AVE		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name EARL T.P. CROOME JR			Treasurer Name EARL T.P. CROOME JR		
Street Address 26 HILLSIDE AVE			Street Address 26 HILLSIDE AVE		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name EARL T.P. CROOME JR			Director Name		
Street Address 26 HILLSIDE AVE			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200000	COMMON	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					Date 3/14/18
Signature of Authorized Representative EARL T.P. CROOME, JR.					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 15 2018

BY

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FORM 630 - Revised: 08/2017