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	2. Exact name of the Corporation			
000661236	CROOME SANITATION, INC.			
3 Principal Office Address		City	State	Zip
26 HILLSIDE AVENUE		REHOBOTH	MA	02769
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
562000				
5. State of Incorporation				
MA	SEPTIC SERVICES			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name			Vice-President Name		
EARL T.P. CROOME JR			EARL T.P. CROOME JR		
Street Address			Street Address		
26 HILLSIDE AVE			26 HILLSIDE AVE		
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769	REHOBOTH	MA	02769
Secretary Name			**Treasurer Name**		
EARL T.P. CROOME JR			EARL T.P. CROOME JR		
Street Address			Street Address		
26 HILLSIDE AVE			26 HILLSIDE AVE		
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769	REHOBOTH	MA	02769

8 List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name			Director Name		
EARL T.P. CROOME JR					
Street Address			Street Address		
26 HILLSIDE AVE					
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769			
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

This information is currently of record in the Department of State.
Changes require an additional filing.

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.

FILED

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 16916 DS

FORM 630 - Revised: 08/2017