

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.

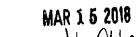
	<del> </del>							<del></del>	
Entity ID Number	Exact name of the Corporation								
000661236	CROOME SANITATION, INC.								
3 Principal Office Address				City			State	Zip	
26 HILLSIDE AVENUE				REHOE	EHOBOTH			02769	
4 NAICS Code	TUE REHOBOTH MA 02769  6 Brief description of the character of business conducted in Rhode Island								
562000_									
5. State of Incorporation									
l <sub>MA</sub>	SEPTIC SERVICES								
7. List ALL officers (names and	WICED	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		Zıp	
REHOBOTH	MA	c	2769	REHOE	BOTH 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		2769	REHOE	BOTH	MA		02769	
8 List ALL directors (names and	Check the box to indicate an attachment								
Director Name					Director Name				
EARL T.P. CROOME JR									
Street Address				Street Address					
26 HILLSIDE AVE	<del></del>			<u> </u>					
City	State Zip		City		State		Zip		
REHOBOTH	MA 02769								
Director Name				Director Name					
Street Address				Street Address					
0.0007.000.000									
City State Z		Zip	 )	City		State		Zip	
		'		,				_ <b>,</b>	
9 Shares Authorized			10 Shares Issued	ares Issued Check the box to indicate an attachme					
This information is currently of record in the NUMBER OF				HARES CLASS/SERIES PAR VALUE					
Department of State.			2000	· · · · · · · · · · · · · · · · · · ·				0	
Changes require an additional filing.									
11. This report must be executed	on behalf of the co	orpo	ration by an authorized	d representat	ive. If the corporation	is in the hai	nds 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 d	declare and affi	rm t	that I have examin	ed this rep	ort, including any	accompai	nying s	schedules and	
statements, and that all statements contained herein are true and correct.									
Name of Authorized Representative							Date 3/14/8		
Signature of Authorized Represe		<u> </u>		-		r)			

## 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: 08/2017