RI SOS Filing Number: 201867738280 Date: 5/30/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2018

SECRETARY OF STATE IF
CORPORATIONS DIV

→ 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						
3 00000	155621 Spain-Environmental inc						
3. Principal Office Address 17 Allen Ave			City	wick	State	02889	
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 5. State of Incorporation General Construction & lead Removal							
5. State of Incorporation		neral	Const	rruction s	lead	Removel	
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment Vice-President Name				
Kadames Canibano			Vice-1 regiserit Name				
Street Address 17 Allen Ave			Street Address				
City Warwick	State (Zip 2889	City		State	Zip	
Secretary Name			Treasurer Nam	ie			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad-	dresses)				he box to indica	ate an attachment	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized							
This information is currently of record Department of State.	in the	NUMBER OF S-	ARES	CLASS/SERIES	T C	PAR VALUE	
Changes require an additional filing.		0		 -).01	
11. This report must be executed on	hohalf of the cost	osation by an auti	noticed to the				
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 Radames Ginibano 5/30/18							
Signature of Authorized Representative							
FECTIVE SIGN DOCUMENT HERE							
	~~~	_	1817-13	- FAIA			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY <u>C8580910010</u> A.A

FORM 630 - Revised: 10/2017