



Department of State - Business Services Division

Annual Report for the year: 2017 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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1. Entity ID Number 427965		2. Exact name of the Corporation Haz-Pros, Inc.			
3. Principal Office Address 125-A Brook Street		City West Hartford		State CT	Zip 06110
4. NAICS Code 238900		6. Brief description of the character of business conducted in Rhode Island Demolition, Lead & Asbestos Abatement and Contracting Services.			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Clayton Kilbourn			Vice-President Name N/A		
Street Address 26 Woodridge Circle			Street Address		
City West Hartford	State CT	Zip 06107	City	State	Zip
Secretary Name Clayton Kilbourn			Treasurer Name Clayton Kilbourn		
Street Address 26 Woodridge Circle			Street Address 26 Woodridge Circle		
City West Hartford	State CT	Zip 06107	City West Hartford	State CT	Zip 06107
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Clayton Kilbourn			Director Name N/A		
Street Address 26 Woodridge Circle			Street Address		
City West Hartford	State CT	Zip 06107	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000.00		CNP	No Par Value
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. <i>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.</i>					
Name of Authorized Representative Clayton Kilbourn			FILED		Date September 20, 2018
Signature of Authorized Representative 		OCT 23 2018		#125	

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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