RI SOS Filing Number: 201879961890 Date: 10/23/2018 11:23:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015

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	2. Exact name of the Corporation		
427965	Haz-Pros, Inc.		
3. Principal Office Address	City	State	Zip
125-A Brook Street	West Hartford	CT	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 ☐

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 ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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.

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
Clayton Kilbourn	September 20, 2018

Signature of Authorized Representative

SIGN DOCUMENT HE

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BY

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: 10/2017