STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
132017	Effluential Technologies, Inc.			
3. Street Address Principal Business Office		City	State	Zip
46 HOUSTON AVENUE		NEWPORT	RI	02840
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4018467383	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
THE INSTALLATION, OVERSIGHT AND MAINTENANCE OF SEWER SYSTEMS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
PETER S. KENT					
Street Address			Street Address		
46 HOUSTON AVENUE					
City	State	Zip	City	State	Zip
NEWPORT	RI	02840			
Secretary Name			Treasurer Name		
PETER S. KENT			PETER S. KENT		
Street Address			Street Address		
46 HOUSTON AVENUE			46 HOUSTON AVENUE		
City	State	Zip	City	State	Zip
NEWPORT	RI	02840	NEWPORT	RI	02840

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			— 0 —		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 1 3 2 0 1 7 [redacted]

132017 DBC 01/05/04 09:33:12 AM
File Date 6-13-05
Check No. 106
By: DW
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer *Date*

PETER S. KENT
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01

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[redacted] 1 3 2 0 1 7 [redacted]

132017 DBC 01/05/04 09:33:12 AM
File Date 3/25/04
Check No. 101
By: LB.
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Date

PETER S. KENT
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/01