

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 I							
1. Corporate ID No. 132017		2. Name of Corporation Effluential Technologies, Inc.					
3. Street Address Principal B	. ,	January Market	City	State	Zip		
46 HOUSTON AVEN	~		NEWPORT	RI	02840		
4. Business Phone No.		5. State of Incorpor	ration		6. SIC Code		
4018467383 RHODE ISL			10.000				
7. Brief Description of the Cithe THE INSTALLATION,	haracter of Business Co. OVERSIGHT AND	nducted in Rhode Island MAINTENANCE OF S	EWER SYSTEMS				
President Name	esses of the of	FICERS ("X" BOX FOR	RATTACHMENT) FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS		
PETER S. KENT			•				
Street Address 46 HOUSTON AVENU	:=		Street Address				
City	State	17:0	· · · · · · · · · · · · · · · · · · ·		· Ia		
NEWPORT	RI	Zip 02840	City	State	Zip		
Secretary Name			Treasurer Name				
PETER S. KENT			PETER S. KENT				
Street Address			' Sircet Address				
46 HOUSTON AVENUE			.46 HOUSTON AVENUE				
City	State	Zip	*City	State	Zip		
NEWPORT	RI	02840	NEWPORT	RI	02840		
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FO	OR ATTACHMENT) [] FILL IN	SPACES BEFORE USING	GATTACHMENTS		
Director Name			Director Name	, , , , , , , , , , , , , , , , , , , ,			
			·				
Street Address			- Street Address				
		·	<u> </u>				
City	State	Zip	•City	State	Zip		
Director Name	J						
Director Nume			· Director Name ·				
Street Address			· Street Address				
			*				
City	Siate	Zip	City	State	Zip		
		l	•				
10. SHARLS AUTHORI	ZED ("X" BOX FOR	AITACIIMENT) 🗌	11. SHARES ISSUED ("X" BOX FOR ATTACHME	תואי		
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value		
100 NO PAR VALUE							
		*	- 0				
TI:							
inis report must be sig	ned in ink by eithe	er the President, Vice	President, Secretary, Ass	istant Secretary, Treas	surer, Receiver or Trustec		
8	18# 881 8 1 1811 1 8 8						
	(O) 11(4) Han Ha				100 mg		
1 3 2	0 1 7		Under penalty of p	erjury, I declare and affirm	that I have examined		
			this report, including	ng any accompanying scho	edules and statements,		
132017 DBC 01/05/	04 09:33:12 AM		and that all statement	ents contained herein are to	tie and correct.		
File Date 6-13 -	05		1 Youst				
		-	Signature of Officer		Date		
Check No. 106		_	PETER S.	KENT			
v . /			Print or Type Name of				
$B_{X''} = \bigcup \bigwedge \bigwedge$		_		PRESIDENT			
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer	<u> </u>	11 244 1		
			Time of Officer		Form 630 12/01		



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 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPEL				 				
1. Corporate ID No. 132017	2. Name of Corp	roration Technologies, Inc.						
			I Cin.	State	7:-			
3. Street Address Principal 46 HOUSTON AVE	_		City NEWPORT	RI	<i>Zip</i> 02840			
		5. State of Incorpora			6. SIC Code			
4018467383 RHODE IS				J. Dr. Colle				
7. Brief Description of the					 .			
President Name	RESSES OF THE OI	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING	NTACHMENTS			
PETER S. KENT			•	10				
Sircet Address			Street Address	Sireel Address				
46 HOUSTON AVE		72:-	Civi	I Cours	12:			
City NEWPORT	State RI	<i>Zip</i> 02840	City	State	Zip			
Secretary Name	!		Tréasurer Name	· · · · · · · · · · · · · · · ·	<i></i>			
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 ADD Director Name	RESSES OF THE DI	RECTORS ("X" BOX FO	DR ATTACHMENT) FILL IS Director Name	n spaces before using	CATTACHMENTS			
Street Address			Street Address					
City	State	Zip	·City	State	Zip			
Director Name Street Address			Director Name Street Address					
City	State	Zip	Ciry	State	Zip			
			· · · · · · · · · · · · · · · · · · ·					
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES Number of Shares	Class/Series	Pur Value	ISSUED SHARES Number of Shares	Cluss/Series	Par Value			
ramber by anares	Classisties	7 07 70320		0.000.007.113	70,700			
100 NO PAR VALUE			\mathcal{O}	·				
This report must be s	sioned in ink hy oit	her the President Vice	President, Secretary, As.	sistant Secretary Trees	Surer Receiver or Trust			
inis report must de s	ngneu in ink by eili	ier ine Fresident, VICO	: 1 resident, secretary, AS.	swium secretary, 1 rea s	sarer, neceiver or irusie			
11 1664	 							
1 3	2 0 1 7			perjury, I declare and affirm				
				ng any accompanying sche				
*132017 DBC 01/0	05/04 09:33:12 AM	•	and that all spitem	ents contained herein are to	rue and correct.			
File Dale 33	5 104	in 121 ~	12000	1/1/1/				
1.00		110 t 1 1 1	Algorature of Officer	.0 . 2 . 2001	Date			
Check No.		_, _	<u> </u>	KENT				
11			Print or Type Name	· · · · · · ·				
$B_{\underline{Y'}}$		YIE.	PRESIDEI	NT				
FOR SECRETARY OF ST	TATE USE ONLY	`` ' ' ' ' ' ' ' ' ' ' ' '	Title of Officer	• • •	Form 630 12/			
			, -D		. 5 050 12			