



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- 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 45183		2. Exact name of the Corporation Scituate Portable Restrooms, Inc.			
3. Principal Office Address 1375 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 326191		6. Brief description of the character of business conducted in Rhode Island Provider of portable restroom service.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donna M. Rescio			Vice-President Name Barbara A. D'Allesandro		
Street Address 6 Heath Street			Street Address 90 Peepload Road		
City Johnston	State RI	Zip 02919	City N. Scituate	State RI	Zip 02857
Secretary Name Donna M. Rescio			Treasurer Name Dianna Aguiar		
Street Address 6 Heath Street			Street Address Dogwood Drive, Bldg. 20, Apt. 102		
City Johnston	State RI	Zip 02919	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donna M. Rescio			Director Name Barbara A. D'Allesandro		
Street Address As above			Street Address As above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
			400	Common	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 Donna M. Rescio				Date 02/01/19	
Signature of Authorized Representative 				FEB 06 2019	

MAIL TO:
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