



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

STAMP

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 9326		2. Exact name of the Corporation Scituate Cesspool, Inc.			
3. Principal Office Address 1375 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 81 <i>221320</i>		6. Brief description of the character of business conducted in Rhode Island Sewage disposal system			
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 Barbara A. D'Allesandro			Vice-President Name Eugene K. D'Allesandro, Jr.		
Street Address 90 Peepoad Road			Street Address 26 Greenhill Road		
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
Secretary Name Barbara A. D'Allesandro			Treasurer Name Eugene K. D'Allesandro		
Street Address 90 Peepoad Road			Street Address 26 Greenhill Road		
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Barbara A. D'Allesandro			Director Name Eugene K. D'Allesandro Jr.		
Street Address 90 Peepoad Road			Street Address 26 Greenhill Road		
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
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
			500		Common
					PAR VALUE
					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 Barbara A. D'Allesandro					Date 1/29/19
Signature of Authorized Representative <i>Barbara D'Allesandro</i>					FILED

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

FEB 06 2019
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