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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

STAMP

FOR BLORE WAY OF STAFE USE ONLY

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| Entity ID Number | 2. Exact name | 2. Exact name of the Corporation | | | | | |
|--|------------------------------------|--|-----------------------------------|-----------------------|----------------|----------------------------|--|
| 123318 | ENVIRO- | ENVIRO-CLEAN, INC. | | | | | |
| 3. Principal Office Address | | | City | | State | Zıp | |
| 41 Cedar Swamp Road | | | Smithfield | | RI | 02917 | |
| 4. NAICS Code | 6. Brief descr | iption of the charac | ter of business | conducted in Rhode | Island | | |
| 562910 | Mold remed | Mold remediation, cleaning, and restoration services | | | | | |
| 5. State of Incorporation | | | | | | | |
| Rhode Island | | | | | | | |
| 7. List ALL officers (names an | d addresses) | | | Chec | k the box to | ndicate an attachment 🔲 | |
| President Name Eric S. Anderson | | | Vice-President Name Erika Dean | | | | |
| Street Address 66 Wauregan | Street Address 28 Worthington Road | | | | | | |
| City Brooklyn | State CT | ^{Zip} 06234 | City New London | | State CT | Z ^{IP} 06320 | |
| Secretary Name Laurie Oates | | | Treasurer Name Laura Anderson | | | | |
| Street Address 120 Sandy Brook Road | | | Street Address 66 Wauregan Road | | | | |
| City North Scituate | State RI | Zip 02857 | City Brooklyn | | State CT | Zip 06234 | |
| 8. List ALL directors (names a | ind addresses) | | | | k the box to | indicate an attachment | |
| Director Name Eric S. Anderson | | | Director Nami | Director Name | | | |
| Street Address 66 Wauregan Road | | | Street Addres | Street Address | | | |
| Crty Brooklyn | State CT | Zıp 06234 | City | | State | Zıp | |
| Director Name | | | Director Name | Director Name | | | |
| Street Address | | | Street Addres | Street Address | | | |
| City | State | Zip | City | | State | Zıp | |
| | | <u> </u> | | | | · | |
| 9. Shares Authorized This information is currently of | | | | CAR MALLE | | | |
| Department of State. Changes require an additional filling. | | 200 | | Common | | No Par Value | |
| | | | | | | 1 | |
| 11. This report must be execu | ited on behalf of the | corporation by an | authorized repre | sentative If the corr | poration is in | the hands of a receiver or | |
| trustee, this report must be ex | kecuted on behalf of | the corporation by | the receiver or t | trustee. | | | |
| Under penalty of perjury, I o statements, and that all stat | declare and affirm t | that I have examin | ned this report, | including any acco | ompanying s | chedules and | |
| Name of Authorized Represer | | em are u <u>ue ar</u> | correct. | ·- | Date | | |
| Eric S. Anderson | | | | | | 2/12/19 | |
| Signature of Authorized Repre | esentative | (-A- | SCH IRAE NET LIEUW | | | · 7 ——— | |
| | | - WALL | CUMENT HERE | FILFN | · | | |
| | | | | TILLU | | | |

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 1 4 2019 0

FORM 630 - Revised: 10/2017