



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

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

**STAMP**

FOR  
 BLOCK LARY OF STATE  
 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.

1. Entity ID Number <b>123318</b>		2. Exact name of the Corporation <b>ENVIRO-CLEAN, INC.</b>			
3. Principal Office Address <b>41 Cedar Swamp Road</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>
4. NAICS Code <b>562910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Mold remediation, cleaning, and restoration services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Eric S. Anderson</b>			Vice-President Name <b>Erika Dean</b>		
Street Address <b>66 Wauregan Road</b>			Street Address <b>28 Worthington Road</b>		
City <b>Brooklyn</b>	State <b>CT</b>	Zip <b>06234</b>	City <b>New London</b>	State <b>CT</b>	Zip <b>06320</b>
Secretary Name <b>Laurie Oates</b>			Treasurer Name <b>Laura Anderson</b>		
Street Address <b>120 Sandy Brook Road</b>			Street Address <b>66 Wauregan Road</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Brooklyn</b>	State <b>CT</b>	Zip <b>06234</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Eric S. Anderson</b>			Director Name		
Street Address <b>66 Wauregan Road</b>			Street Address		
City <b>Brooklyn</b>	State <b>CT</b>	Zip <b>06234</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SLRIES
			200		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.					
<b>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.</b>					
Name of Authorized Representative <b>Eric S. Anderson</b>					Date <b>2/12/19</b>
Signature of Authorized Representative  <i>Eric S. Anderson</i>					

SIGN DOCUMENT HERE **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 14 2019**  
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