



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
101.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (116425), 2. Name of Corporation (PAUL R. MUMFORD & SON CESSPOOL SERVICE, INC.), 3. Street Address (160 Railroad Avenue), 4. City (SAUNDERSTOWN), 5. State (RI), 6. Zip (02874), 7. Brief Description of the Character of Business (THE INSTALLATION, REPAIR AND MAINTENANCE OF SEPTIC SYSTEMS AND RELATED FACILITIES), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Paul Mumford, Vice President: Tole Mumford), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (500 NO PAR VALUE), 11. SHARES ISSUED (NONE).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2.24.05
Check No.: 3090
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Paul R. Mumford
Date: 1/10/05
Print or Type Name of Officer: Paul R. Mumford
Title of Officer: President

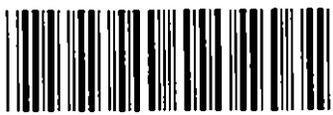


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>116425</b>		2. Name of Corporation <b>PAUL R. MUMFORD &amp; SON CESSPOOL SERVICE, INC.</b>			
3. Street Address Principal Business Office <b>160 Railroad Ave.</b>			City <b>Saunders town</b>	State <b>RI</b>	Zip <b>02874</b>
4. Business Phone No. <b>401 295-8505</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>885</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>THE INSTALLATION, REPAIR AND MAINTENANCE OF SEPTIC SYSTEMS AND RELATED FACILITIES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Paul R. Mumford</b>			Vice President Name <b>Toni J. Mumford</b>		
Street Address <b>160 Railroad Ave.</b>			Street Address <b>160 Railroad Ave.</b>		
City <b>Saunders town</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunders town</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>Toni J. Mumford</b>			Treasurer Name <b>Paul R. Mumford JR.</b>		
Street Address <b>160 Railroad Ave.</b>			Street Address <b>160 Railroad Ave.</b>		
City <b>Saunders town</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Saunders town</b>	State <b>RI</b>	Zip <b>02874</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>500 NO PAR VALUE</b>			<b>100</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 6 4 2 5 \*

File Date 3-1-04  
 Check No. 2599  
 By: SC  
 FOR SECRETARY OF STATE USE ONLY

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.

Toni J. Mumford 2-27-04  
 Signature of Officer Date  
Toni J. Mumford  
 Print or Type Name of Officer  
Vice President, Secretary  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 116425  
2. Name of Corporation Paul R. Mumford & Son Cesspool Service, Inc.  
3. Street Address Principal Business Office 160 Railroad Avenue  
City: Saunderstown State: RI Zip: 02874  
4. Business Phone No. 401-295-8505  
5. State of Incorporation RI  
6. SIC Code 0885

7. Brief Description of the Character of Business Conducted in Rhode Island  
Installation, repair and maintenance of septic systems and related facilities

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Paul R. Mumford Street Address 160 Railroad Avenue City State Zip Saunderstown RI 02874	Vice President Name Toni Jean Mumford Street Address 160 Railroad Avenue City State Zip Saunderstown RI 02874
Secretary Name Toni Jean Mumford Street Address 160 Railroad Avenue City State Zip Saunderstown RI 02874	Treasurer Name Paul R. Mumford Street Address 160 Railroad Avenue City State Zip Saunderstown RI 02874

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Paul R. Mumford Street Address 160 Railroad Avenue City State Zip Saunderstown RI 02874	Director Name Toni Jean Mumford Street Address 160 Railroad Avenue City State Zip Saunderstown RI 02874
--	--

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
500	Common	No Par Value

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No Par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 5-6-03  
2034  
Check No.: \_\_\_\_\_  
By: [Signature]

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.

Paul R. Mumford 5/2/03  
Signature of Officer Date  
Paul R. Mumford  
Print or Type Name of Officer  
President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 116425  
2. Name of Corporation Paul R. Mumford & Son Cesspool Service, Inc.  
3. Street Address Principal Business Office 160 Railroad Avenue  
City Saunderstown State RI Zip 02874  
4. Business Phone No. 401-295-8505  
5. State of Incorporation RI  
6. SIC Code 0885

7. Brief Description of the Character of Business Conducted in Rhode Island  
Installation, repair and maintenance of septic systems and related facilities

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Paul R. Mumford	Vice President Name Toni Jean Mumford
Street Address 160 Railroad Avenue	Street Address 160 Railroad Avenue
City Saunderstown State RI Zip 02874	City Saunderstown State RI Zip 02874

Secretary Name Toni Jean Mumford	Treasurer Name Paul R. Mumford
Street Address 160 Railroad Avenue	Street Address 160 Railroad Avenue
City Saunderstown State RI Zip 02874	City Saunderstown State RI Zip 02874

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Paul R. Mumford	Director Name Toni Jean Mumford
Street Address 160 Railroad Avenue	Street Address 160 Railroad Avenue
City Saunderstown State RI Zip 02874	City Saunderstown State RI Zip 02874

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
500	common	No Par Value

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer: Paul R. Mumford Date: 12/2/02

Print or Type Name of Officer: PAUL R. MUMFORD

Title of Officer: PRESIDENT

File Date: **FILED**

Check No.: **DEC 04 2002**

By: CSA

FOR SECRETARY OF STATE USE ONLY 216503