



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.

STAMP

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BUSINESS DIV
2019 OCT 15 P 2:09

1. Entity ID Number 001670725		2. Exact name of the Corporation Statewide Asbestos Removal, Inc.												
3. Principal Office Address 281 Captain's Circle		City Tiverton		State RI	Zip 02878									
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Abatement Company that specializes in Asbestos.												
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 Rosendo Longoria			Vice-President Name Lucas Longoria											
Street Address 476 Ridge Road			Street Address 281 Captain's Circle											
City Plymouth	State ME	Zip 04967	City Tiverton	State RI	Zip 02878									
Secretary Name Bonny Longoria			Treasurer Name Bonny Longoria											
Street Address 281 Captains Circle			Street Address 281 Captains Circle											
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Isaac Longoria			Director Name											
Street Address 281 Captains Circle			Street Address											
City Tiverton	State RI	Zip 02878	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100		0												
Changes require an additional filing.														
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 Bonny Longoria				Date 09302019										
Signature of Authorized Representative <i>Bonny Longoria</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

OCT 15 2019
BY DGJQ8
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