



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.

2019 DEC 19 PM 12:58

1. Entity ID Number 000001511		2. Exact name of the Corporation Atlantic Abatement Corp. of Rhode Island					
3. Principal Office Address 120 Manton Ave			City Providence	State RI	Zip 02909		
4. NAICS Code 523920		6. Brief description of the character of business conducted in Rhode Island Former Asbestos Abatement, Investment and Real Estate Development					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Howard W. Byrnes			Vice-President Name Howard W. Byrnes				
Street Address 51 Overlook Drive			Street Address 51 Overlook Drive				
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818		
Secretary Name Howard W. Byrnes			Treasurer Name Howard W. Byrnes				
Street Address 51 Overlook Drive			Street Address 51 Overlook Drive				
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Howard W. Byrnes			Director Name Howard W. Byrnes				
Street Address 51 Overlook Drive			Street Address 51 Overlook Drive				
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02818		
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		TOTAL = 600		STK		NO PAR VALUE	
		Issued = 100					
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. <u>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.</u>							
Name of Authorized Representative Howard W. Byrnes, Pres.					Date 12/17/2019		
Signature of Authorized Representative <i>Howard W. Byrnes</i>							

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

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