



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.

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| | | | |
|--|---|---|--------------------|
| 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 |
| 4. NAICS Code 522920 | | 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 |
| 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 |

| | | | |
|---|--------------------|--|------------------------|
| 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 |
| Director Name None | | Director Name None | |
| Street Address | | Street Address | |
| City | State | Zip | City |

| | | | |
|--|---|--------------|---------------------|
| 9. Shares Authorized 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.
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: **Howard W. Byrnes, Pres.** Date: **12/17/2019**

Signature of Authorized Representative: *Howard W. Byrnes*

SIGN DOCUMENT I-FRE **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

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