

FOR SECRETARY OF STATE USE ONLY

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 401.222.3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Curporate ID No. 2. Name of Corporation 102046 Inland Waters, Inc. 3. Street Address Principal Business Office State 02919 275 SCITUATE AVENUE **JOHNSTON** RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401.943.5302 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE UNDERGROUND PIPE REHABILIATION SERVICES AND ENVIRONMENTAL CLEAN UP SERVICES. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name MICHAEL J. DAVERT MICHAEL J. DAVERT Street Address Street Address 201 PIG HILL ROAD 201 PIG HILL ROAD COVENTRY COVENTRY 02827 02827 RI Secretary Name Treasurer Name MICHAEL J. DAVERT MICHAEL J. DAVERT Street Address Street Address 201 PIG HILL ROAD 201 PIG HILL ROAD City Ζip RI 02827 RI 02827 COVENTRY COVENTRY ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address City Zip Street Address Street Address State Z.(p City State Zψ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class'Series Par Value 8,000 NO PAR VALUE \$0.00 7840 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 horeig and true and copect. 1 - 20 - 05 File Date Signature of Dffcer MICHAEL J. DAVERT

Print or Type Name of Officer

PRESIDENT

Title of Officer



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, RJ 02903-1335 401 222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January I - (FORM MUST BE TYPED IN E		iling Fee: \$50.00				
1. Corporate ID No.	2. Name of Corpo	prution		 		
102046	Inland Wate	ers, Inc.				
3. Street Address Principal Busin	ness Office		City	State	Zip	
275 SCITUATE AVE	-		JOHNSTON	RI	02919	
4. Business Phone No.		5. State of Incorporati			6. SIC Code	
4019435302 RHODE ISLAN		D		0		
7. Brief Description of the Char TO PROVIDE UNDERGRO	acter of Business Col UND PIPE REHI	nducted in Rhode Island ABILIATION SERVICE:	S AND ENVIRONMENTAL CI	EAN UP SERVICE	2 \$.	
President Name	SES OF THE OF	FICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPA-	CES BEFORE USING	ATTACHMENTS	
Michael J. Davert			Michael J. Davert			
Street Address			Street Address			
201 Pig Hill Road			.201 Pig Hill Roa	id		
City COVENTRY	State	Zip 02827	City COVENTRY	State	7.ip 02827	
Johnston Secretary Name	RI) 02016	J ohnston	RI	02816	
Michael J. Davert			Treasurer Name Michael J. Daver	+		
Street Address			'Street Address			
201 Pig Hill Road			.201 Pig Hill Roa	d		
City COVENTRY	State	Zip 02827		State	17in = 0 ==	
J ohnsto n	RI	92816	City COVENTRY	RI	26.28.27 02016	
9. NAMES AND ADDRES	SES OF THE DIE	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SE			
Director Name			Director Name	NOIN, OEL ONE, DOI:	, on members	
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
Ciny	State	Zip	•City	State	Zip	
. 			• • • • • • • • • • • • • • • • • • •			
Director Name			Director Name			
Street Address			Street Address			
City	State	Żip	City	State	Zip	
10. SHARES AUTHORIZ	ED ("X" ROX FOR	ATTACHMENT	11. SHARES ISSUED ("X"	ROY FOR ATTACHA	(ENT) []	
AUTHORIZED SHARES		<u></u>	ISSUED SHARES	BOX 1 ON ATTACEM		
Number of Shares	ClassiSeries	Par Vulue	Number of Shares	ClassiSeries	For Value	
8,000 NO PAR VALUE			7840		\$0.00	
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This report must be signe	e <mark>d in ink</mark> by eith	er the President, Vice i	President, Secretary, Assist	ant Secretary, Tre	asurer, Receiver or Trusted	
					_	
1 0 2	0 4 6				rm that I have examined	
					chedules and statements,	
102046 DBC 01/23/04	4 01;42:46 PM		and that all statements	Contained nerein are	; uue and correct.	
File Date 0-0	· <u>UI</u>		1651	(k)	1-27-04	
1107	つ '	_	Signature of Officer	CV-47	Date	
Check No. 77/	<u> </u>	_	Michael 9. Davert			
1 11/)		Print or Type Name of C			
$B_{Y_{1}}$,	_	President 2			
FOR SECRETARY OF STATE USE ONLY			Title of Officer		Form 630 12/0	



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN							
1. Corporate ID No. 1102046*	2. Name of Corporation Inland Waters, Inc.						
3. Street Address Principal Bus	iness Office		City	State	Zip		
275 SCITUATE AVE			JOHNSTON	RI	02919		
4 Business Phone No. 5. State of Incorporatio		tion		6. SIC Code			
4019435302 RHODE ISLAN				C			
7 Brief Description of the Cha. TO PROVIDE UNDERGRO	racter of Business Con DUND PIPE REHA	ducted in Rhode Island BILIATION SERVICE	S AND ENVIRONMENTAL	CLEAN UP SERVICES	}.		
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS		
President Name		·	Vice President Name				
Michael J. Daven Street Address	C C			· Michael J. Davert			
			Street Address				
201 Pig Hill Roa	3.0 Stote		201 Pig Hill				
•	i i	7 <i>ip</i>	City	State	Zip		
Johnston Secretary Name	.! RI	! . 02816	Johnston Treasurer Name	j ķī	0281,6		
Michael J. Daver	t		Michael J. Da	avert			
Street Address			Street Address				
201 Pig Hill Roa	d		: 201 Pig Hill	Road			
Cuy	State	Zip	*City	State	Zip		
Johnston	RI	02816	Johnston	RI	02816		
9. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name				
			·				
Street Address			·Street Address				
. City	State	Zip	*City	State	Zip		
Director Name	<i>.</i> J				J		
: Director Name			* Director Name				
Street Address			Street Address				
			·				
City	State	Zip	City	State	Zip		
			•	;			
10. SHARES AUTHORIZ	ED ("X" BOX FOR.	ATTACHMENT)	11. SHARES ISSUED (*	'X" BOX FOR ATTACHME	NT)		
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 NO PAR VALUE			7840	•	\$0.00		
			7040		40.00		
)			
This was a second to the second							
ras report must be sign	e a in ink by eithe	r the President, Vice	President, Secretary, Ass	istant Secretary, Treas	surer, Receiver or Trustee		
	i a iia if pa iil alaia a iil iat	1					
* 1 0	2 0 4 6 *	II .	Under penalty of pe	erjury, I declare and affirm	that I have examined		
<u>.</u>			this report, includir	ng any accompanying scho	dules and statements,		
102046 DBC1/3/0311	1:03:28 AM]	and that all stateme	epts contained herein are to	rue and correct.		
File Date	.13			////	- 70		
1 7 6			Signature of Officer	mux /	Date		
Check No 4350)	Unit		
100			Michael J. I Print or Type Name o	of Officer			
B_{1}		-	President) : // :**			
FOR SECRETARY OF STATE	USE ONLY		Title of Officer	-	Form 630 12/01		
<u></u>			0) 17//100		LOUR 620 15/01		

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

iling Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00	CPORT FOR IN	L ILAK	
FORM MUST BE TYPED IN A	BLACK)				
. Corporate ID No.	2. Name of Corpore	rtlon –			
102046	Inland Wate	ers, Inc.			
. Street Address Principal Busin			Johnston	State RI	²¹⁹ 02919
275 Scituate Av	enue		Joimscon	KL.	02313
. Business Phone No. 401–943–5302		5. State of Incorporation RHODE ISLAN			8888 **
. Brief Description of the Chara	cter of Business Conducted	in Rhode Island			
To provide under . NAMES AND ADDR	rground pipe r ESSES OF THE OFF	rehabilitation s	ervices and enviro	nmental cleanup S BEFORE USING ATTA	CHMENTS
resident Name			Vice President Name		
Michael J. Dave	ert		Michael J. Da	vert	
reet Address 201 Pig Hill Re	oad		Street Address 201 Pig Hill	Road	
ity	State	Zip	City	State	2.lp
Johnston	RI	02816	Johnston	RI	02816
ecretary Name	•	••••	Treasurer Name	• •	
Michael J. Dave:	rt		Michael J. Dav	ert	
treet Address			Street Address		
201 Pig Hill Ro	ad		201 Pig Hill R	oad	
ity	State	Zip	City	State	Zip
Johnston, 🕮	RI	02816	Johnston	RI	02816
. NAMES AND ADDRI liector Name	ESSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPAC	CES BEFORE USING AT	TACHMENTS
reet Address		•	Street Address		
ity	State	Zip	. City	State	Zip
irector Name	• • •		Director Name	• • • •	
reet Address			Street Address		
ity	State	Zip	Clly	State	ZIp
0. SHARES AUTHORIZ	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	IT)
UTT-HORIZZED SHARES			ESSUFE) SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			•		
			6240		\$0.00

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



File Date:	1-8-02
Check No.:	35/1
Зу:	de
OR SECRETARY OF ST	ATE LISE 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.

January 2 - 2002

HHAA	January <u>3</u> , 2002
Signature of Officer	Date
M4-11 7 5	

Michael J. Davert	
Print or Type Name of Officer	

President
Title of Officer

Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

	OP)
PLEASE INSTRUC	READ TIONS

FORM MUST BE TYPED IN BLAC	K)				
. Corporate ID No.	2. Nume of Corporati				
102046	Inland Wa	ters, Inc.			
Street Address Principal Business O			City	State	Zip
275 Scituate Avenu	1e		Johnston	RI	02919
. Business Phone No 401.943/5302		S State of Incorporation RHODE ISLAND			6. SIC Code 8888
Brief Description of the Character of					
to provide undergi	round pipe r	ehabilitation serv	rices and environ	nmental clean up	·
3. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATTACHS	(ENT) OFILL IN SPACES	S BEFORE USING ATTA	CHMENTS
resident Name			Vice President Name		
Michael J. Davert			Michael J. Dav	ert	
treet Address			Street Address		
201 Pig Hill Road		·····	201 Pig Hill R		
Lity	State	Z1p	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
ecretary Name			Treasurer Name		
Michael J. Davert	<u> </u>		Michael J. Dav	ert	
treet Address			Street Address		
201 Pig Hill Road			201 Pig Hill R	oad	
Dity	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816_
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	HMENT) DFILL IN SPACE	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
					
Street Address			Street Address		
City	State	Zip	City	State	Zip
<u> </u>	<u>i</u>				
Oirector Name			Director Name		
Street Address		····-	Street Address	-	
City	State	Lip	City	State	Zip
··-	<u> </u>		ļ <u>.</u>		
10. SHARES AUTHORIZEI	O ("X" BOX FOR ATT	ACHMENT) 🔲	11. SHARES ISSUED	("X" BOX FOR ATTACHME)	v1) 🗖
AUTHORIZED SHARES		 ,	ISSUED SHARES		~
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000		no par value	6,140		\$0.00

	7/27/2001
File Date:	
Check No.:	28593
Ву:	<u> </u>
FOR SECRETARY O	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.

1/2/1/1/ 2/22/01

Michael J. Davert

Print or Type Name of Officer

President

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

401-222-3040 STOP

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN B	ILACK)				
I. Corporate ID No.	2. Name of Corpora	tion			
102046	Inland Wa	ters, Inc.			
3. Street Address Principal Busin	ess Office		City	State	Zip
275 Scituate Ave	enue	5. State of Incorporation	Johnston	RI	02919 6. SIC Code
401-943-5302 7. Brief Description of the Chara	cter of Business Conducted i	RHODE ISLAND n Rhode Island			8888
To provide under B. NAMES AND ADDR	rground pipe re ESSES OF THE OFFI	ehabilitation serv CERS (*x* BOX FOR ATTACH	rices and environ MENT) FILLIN SPACES Vice President Name	nental clean up S BEFORE USING ATT	ACHMENTS
Michael J. Dave	ert		Michael J. Dave	ert	
Street Address			Street Address		
201 Pig Hill Roa	ad		201 Pig Hill F	Road	
City	State	Zip	Clty	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Secretary Name	•	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	•	•
Michael J. Daves	rt		Michael J. Day	vert	
Street Address			Street Address		
201 Pig Hill Roa	ad		201 Pig Hill Ro	nad '	
City	 State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
· ·			•	CES BEFORE USING AT	
9. NAMES AND ADDR Director Name	•	ECTORS ("X" BOX FOR ATTA	Director Name	LES DEPURE USING A	ITACHMENIS
	• •	· Same			
Street Address		•	Street Address		
JULIU MARICOS		•	. Street Muutess		
City	State	Zip	City .	State	Zip
Director Name		• • • •	Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIS	ZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHME	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR V	ALUE	•	NONE		

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

	* 1 0 2 0 4 6 *
File Date:	2/14/00
Check No.:	2085
Ву:	Zi
FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I d	eclare and affirm that I have examined
this report, including any ac-	companying schedules and statements, and
that all statements contained	I herein are true and correct.
X This hits	- X 2-14-00
Signature of Officer	Date
MICHAEL DAVERS	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS . Office of the Secretary of State

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

	1-3147631 1	riting ree: \$50.00			1551 R.C. HC
FORM MUST BE TYPED IN BLA					
Corporate ID No 102046	2. Name of Corporal Inland Water				
Street Address Principal Business	Office		City	State	Zip
275 Scituate Ave Business Phone No. S. State of Incorporate RHODE ISL		Johnston	_!RI	02919	
		S. State of Incorporation	ÄND		6. SIC Code
401-943-5302 Brief Description of the Character To provide under	of Business Conducted in	n Rhode Island	services and envi	romental clean u	. 8 <u>8</u> 88
	SES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
resident Name Michael J. Davert		Vice President Name Michael J. Davert			
treet Address		· Street Address			
201 Pig Hil	l Road		201 P	ig Hill Road	
Coventry	' State RI	^{Zip} 02816	City	· State	Zip
ecretary Name		· · · · · · · · · · · · · · · · · · ·	Coventry Treasurer Name	RI	02816
·	I Dayort		1/4 m2mill lamine	Michael J. Dave	rt.
Street Address			Street Address		
201 Pig Hill Road			:	201 Pig Hill Ros	ad
Coventry	State RI	^{Zip} 02816	Coventry Coventry	State RI	^{Zup} 02816
O. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING AT	CACHMENTS
Street Address None			Street Address		
lity	State	Zip	City	State	. Zip
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Name		
Street Address			Street Address		
	State	Z (p	City	State	Zip
City			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
	D ("X" BOX FOR ATT	ACHMENT) (11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT) +	11. SHARES ISSUED	O ("X" BOX FOR ATTACHMEN	m ,
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT) (Class/Series	Par Value
City 10. SHARES AUTHORIZE ALTHORIZED SHARES Number of Shares 8,000 NO PAR VALU	Class/Series	•	ISSUED SHARPS Number of Shares		
10. SHARES AUTHORIZE AUTHORIZED SHARES Number of Shares	Class/Series	•	ISSUED SHARES		

Print or Type Name of Officer President Title of Officer

Michael J. Davert

that all statements contained herein are true and correct..