PROFIT CORPORATON ANNUAL REPORT

Filing Period: January 1–March 1
Filing Fee: $50.00

1996

****AMENDED****

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO	2. NAME OF CORPORATION		
61660	Clean Environment, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	**CITY**	**STATE**	**ZIP CODE**
705 Hatchery Road	North Kingstown	RI	02852
4. BUSINESS PHONE NO	**5. STATE OF INCORPORATION**		**6. SIC CODE**
(401) 295-0840	RHODE ISLAND		

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Enviornmental site assessments and engineering activities

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
John E. Lavoie					
STREET ADDRESS			**STREET ADDRESS**		
705 Hatchery Road					
CITY	**STATE**	**ZIP CODE**	**CITY**	**STATE**	**ZIP CODE**
North Kingstown	RI	02181			
SECRETARY NAME			**TREASURER NAME**		
John E. Lavoie			John E. Lavoie		
STREET ADDRESS			**STREET ADDRESS**		
705 Hatchery Road			705 Hatchery Road		
CITY	**STATE**	**ZIP CODE**	**CITY**	**STATE**	**ZIP CODE**
North Kingstown	RI	02852	North Kingstown	RI	02852

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			**STREET ADDRESS**		
CITY	**STATE**	**ZIP CODE**	**CITY**	**STATE**	**ZIP CODE**
DIRECTOR NAME			**DIRECTOR NAME**		
STREET ADDRESS			**STREET ADDRESS**		
CITY	**STATE**	**ZIP CODE**	**CITY**	**STATE**	**ZIP CODE**

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	**CLASS / SERIES**	**PAR VALUE**	**NUMBER OF SHARES**	**CLASS / SERIES**	**PAR VALUE**
2,000	Common	No par value	500	Common	No par value

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 10/22/96

Check No: Emailed

By: _____

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.

John E. Lavoie
Signature of Officer

John E. Lavoie
Print or Type Name of Officer

President
Title of Officer

10/9/96
Date