

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 92903-1335 401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN I	BLACK)	8			
I Corporate ID No.	2. Name of Corpore		 		
93269		OTER SERVICE, II	NC.		
3 Street Address Principal Busin	ness Office		City	State	Zip
54 CUSHING ROAD			WARWICK	R1	02888
4. Business Phone No		5. State of Incorporat	tion		6 SIC Code
4014615600		RHODE ISLAN	ND		7880
7. Brief Description of the Char- THE CONDUCT OF A GB	acter of Business Cond NERAL SEWER AN	lucted in Rhode Island ID DRAIN CLEANING			
8/NAMES AND ADDRES	SES OF THE OFF	CERS ""X" BOX FOR	ATTACHMENT). FILL IN SI	ACES REFORE USING A	TTACHMENTS 14 45 193
President Name			Vice President Name	ACLO BEL ONE CONTOR	Tractional to the same
JAMES S. O'DONNEL	Ĺ		DONNA A. O'DONI	NELL	
Street Address			Street Address		
54 CUSHING ROAD			.54 CUSHING ROA	D	
City	State	Zip	Cuy	State	Zip
WARWICK Secretary Name	RI	102888	WARWICK	RI	02888
DONNA A. O'DONNELI	•		Treasurer Name		
} 			JAMES S. O'DONN	(Ebb	
Street Address 54 CUSHING ROAD			Street Address		
City	<u> </u>		.54 CUSHING ROAD		
WARWICK	State RI	<i>Zıp</i> C2888	City	State	Zıp
<u> </u>	1		.WARWICK	RŢ	02888
Director Name	SES OF THE DIRE	CIORS ("X" BOX FO	ATTACHMENT) TFILE IN	SPACES BEFORE USING	ATTACHMENTS
NONE			* Director frame		
Street Address			· Street Address		
			Or cer Audress		
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	John		•	Siate	Zip
Director Name			Director Name	• • • • • • • • • • • • • • • • • • • •	l
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Street Address			*Street Address		
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City	State	Zip	·City	State	Zip
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			1,000	COLLIGIA	, NO PAR
This report must be signe	d in ink by either	the President, Vice	President, Secretary, Assis	stant Secretary, Treasi	arer, Receiver or Trustee
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9 3 2	6 9	, š	Under penalty of per	rjury, I declare and affirm	that I have examined
- <u>-</u>		1 1	this report, including	any accompanying schee	lules and statements,
*93269 DBC 01/10/05	06:43:06 PM=11	FD		its contained herein are th	
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				J. O DONNER	<u> </u>
B <u>:-</u>	By		Print or Type Name of	" <i>1</i>	
FOR SECRETARY OF STATE	USE ONLY		- PRKSIDA	ENT	
4 4 114 2 2 1	-3- 3/14/1	<u>, </u>	Title of Officer		Form 630 12:01



Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED		rung ree: \$50.00			
1. Corporate ID No.	2. Name of C			···· · · · · · · · · · · · · · · · · ·	
93269	BUDGE	T ROOTER SERVICE, IN	C.		
3. Street Address Principal E	Business Office		City	State	Zip
C/O JAMES S. O'	DONNELL	54 CUSHING ROAD	WARWICK	RI	02888
4. Business Phone No.	·	5. State of Incorporati			6. SIC Code
401-461-5600		RHODE ISLAN			7880
7. Brief Description of the C THE CONDUCT OF A	haracier of Business	s Conducted in Rhode Island ER AND DRAIN CLEANING		<u> </u>	7880
8. NAMES AND ADDR	PSSES OF THE	OFFICEDS MYE BOY FOR	TTA COLLEGE TO THE COLLEGE		·
1		OFFICERS ("X" BOX FOR A	Vice President Name	PACES BEFORE USING A	TTACHMENTS
JAMES S. O'DONN	ELL		DONNA A. O'DON	MELI.	
Street Address			* Sireel Address		
54 CUSHING ROAD			:54 CUSHING ROA	an a	
City	State	Zip	City	State	Zip
WARWICK	RI	02888	WARWICK	RI	02888
Secretary Name	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	• • • • • • • • • • • • • • • • • • • •	! •
DONNA A. O'DONNI	ELL		JAMES S. O'DON	NELL	
Street Address			* Sireei Address		
54 CUSHING ROAD			.54 CUSHING ROA	D	
City	State	Zip	'City	State	Zip
WARWICK	RI	02888	WARWICK	let	02888
9. NAMES AND ADDR	ESSES OF THE	DIRECTORS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES REFORE USING	ATTACHMENTS
Director Name			Director Name	or remodel (Mr., Cally)	ATTACHMENTS.
NONE			•		
Sireet Address			Sireei Address		
			•		
City	State	Zip	•City	Siaie	Zip
	1		••••	Sidir	Lip
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name		
Street Address		· · · · · · · · · · · · · · · · · · ·	·Sireei Address		
			•		
City	Siale	Zip	City	State	Zip
			•		}
10. SHARES AUTHOR	IZED ("X" BOX I	FOR ATTACHMENT)	JI. SHARES ISSUED ("	X" BOX FOR ATTACHMEN	<u>'77</u> □
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Scries	Par Volue	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALU	E		1,000	COMMON	NO PAR
This report must be sig	mad in int her -	vithan the Dune day 1/2			
ima report must be sig	neu in ink by e	ither the President, Vice P	resident, Secretary, Assi	stant Secretary, Treast	irer, Receiver or Trustee
	ICOLO DIRICO IDI				
9 3 2	2 6 9		Under negative of ne	rjury, I declare and affirm	that I have aversised
			this report, includin	g any accompanying sched	lules and statements
*93269 DBC 01/19/0	4 10f17-20/AM	· .	and that all statemen	nts contained herein are tru	ic and correct
	21/4/1/2	V			to and borreet.
File Date	<u> </u>	'	Maria.	Varell	3-8-04
Chack No.	2012	h	-Senature of Officer	1	Date
Check No.		'	DINNA A N	· Newwell	
B _Y			Print or Type Name of	Officer	
		 •	Win Di	la de	
FOR SECRETARY OF STAT	IE USE ONLY		Title of Officer	une	Form 630 12/01
			• • •		FULID 030 12/01



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

IFORM MUST BE TYPED OR PR	UNTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpor		• •		
93269	BUDGET R	OOTER SERVICE, INC.			
3. Street Address Principal Busin	ness Office		City	State	Zip
54 Cushing Ro 4. Business Phone No.	oad	5. State of Incorporation	Warwick	RI	02888 6. SIC Code
(401) $461-5607. Brief Description of the Chara$		RHODE ISLAND			7880
Drain clean 8. NAMES AND ADDR President Name	ing Esses of the off	FICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
James S. O'D Street Address	onnell		Donna A. O	'Donnell	
54 Cushing R	load		54 Cushing	Road	
City	State	Zip	City	State	Zip
Wanwick Secretary Name	RI	02888	Wanwick Treasurer Name	RI	02888
Donna A. O'D Street Address	Ponnell		James S. O	'Donnell	
54 Cushing R	load		54 Cushing	Road	
City	State	Zip	City	State	Zip
Warwick	RI	02888	Warwick	RI	02888
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS (*X* BOX FOR ATE		CES BEFORE USING ATTA	
None Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		* *************************************
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*X* BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT.	, -
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VALUE			1,000	Common	No Par
			1		
his report must be sig	ned in ink hy airl	her the President, Vice I	resident Secretary Ar-		
, <u></u>		act the rresident, vice i	resident, secretary, ASS	ostant Secretary, Ireasu	rer, kecciver or Trustee
		E 18 6			

	* 9 3 2 6 9 *
File Date:	1.29.03
Check No.:	1810
Ву:	P
FOR SECRETAR	Y 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.

Lame	100	mell	-16-0
Signature of Officer		Date	
	- • •		

JAMES	S.	O'DONNell
Contract of the contract of	^	



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

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



(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Carpara	itlon			
93269		DOTER SERVICE, INC.			
3. Street Address Principal Busines.	s Office	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
54 Cushing Ro	ad		Warwick	RI	·
4. Business Phone No.		5. State of Incorporation	, warehouse cre	, A2	02888 6. SIC Code
(401) 461-560		RHODE ISLAND			7880
7. Brief Description of the Characte	er of Business Conducted	in Rhode Island	•		•
Drain cleani	ing				
8. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
President Name	• • •		Vice President Name		
JAMES	s, o'D 0 1	inell	DONNA	- A. O'D.	1400 (
Street Address		• • • • • • •	Street Address	. 11 1501	10 10 C 1 (, _ , .
54 Cush	ING ROA	·D	54 C	u Shina RO	
	State	_ ~ ~ ~	City	u Shing RD	Z.ip
WARWICK	RI	02888	WARWICK	RI	383 50
Secretary Name			Treasurer Name	e leektee (m. keke leek keelk kiiki k	** *** ** *** **** ** **
JAM. Do	NNA A	ODONNell	TAMES	5. OD.	well
Street Address			Street Address		
54 Cu	Shing	RO	54 0	Sting RD	
· ·	State *	Zip	City	State	2.ip
w ARWICK	RI	02888	WARWICK	RI.	38350
	SES OF THE DIRE	ECTORS (*X* BOX FOR ATTAC		ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
None					
Street Address			Street Address		
O.L.			<u>.</u>		
City·	State	Zip	City	State	Zip
andra seres a la company de la	*** **** * ** **	*			
Director Name			Director Name		****** ** *;

treet Address			Street Address		
Dity:					
,uy	State	·Zip	City	State	Zip
10 chance annual chance		· · · · · · · · · · · · · · · · · · ·	<u>:</u>		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
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Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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his report must be sign	ed in Ink by eith	er the President, Vice Pr	esident Secretary Ace	istant Socreton: Tenani	non Dogoius T
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File Date: _	2.25.02	
Check No.:	1038	
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	TARY OF STATE USE ONLY	

Under penalty of pe	erjury, I declare and affirm th	at I have examined
this report, includir	ig any accompanying schedul	es and statements, and
	contained herein are true and	
	1 18 -	

James	1		mel 1-20-	· Q=
Signature of Officer			Date	_
-ta	~	U.V	11	

JAMES	<u>S</u> .	O.D	anne	(/	
Pilnt or Type Name of	Officer P. C	7		•	
Title of Officer	ten	<u>/</u>			
7 0,,,,,,					

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

93269	BUDGET RO	OTER SERVICE, I	NC.		
Street Address Principal Business C			City	¹ State	Zip
54 Cushing Road	3		Warwick	RI	02888
Business Phone No.		5. State of Incorporation	_	•	6. SIC Code 7880
(401) 461-5600		RHODE ISLAN	D		, 7880
Brief Description of the Character of Drain cleaning	of Business Conducted in	n Rhode Island			•
. NAMES AND ADDRESS esident Name	ES OF THE OFFI	CERS (*X* BOX FOR ATTAC	IMENT) FILL IN SPACES	S BEFÖRE ÚSING ATTAC	HMENTS
James S. O'Donr	nell		Donna A. O'	Donnell	
54 Cushing Road	3		54 Cushing	Road	
ity	State	Zip	City	State	·Zip
Warwick cretary Name	RI	. 02888	Warwick	'RI	0.2888
Donna A. O'Donr	nell		James S. O'	Donnell	
reet Address			Street Address	JUIIIUX <u>L</u>	
54 Cushing Road	1		54 Cushing	Road	
it)	State	Zip	City	State	ZIp
Warwick	RI	04888	Warwick	RI	. 02888
NAMES AND ADDRESS				ES BEFORE USING ATTA	
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ty	State	Zip	City	State	1 ZĪp
		** ******* ** **********			
rector Name			Director Name		
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reet Address			Street Address		-
ty	State	715	i Chi.	6	
7	JIHIF	Zip	City	State	Zip
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OR 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 been are true and correct.

Signuture of Officer

James S. O'Donnell

Print or Type Name of Officer

<u>President & Treasurer</u> Title of Officer

2. Name of Corporation

1. Corporate ID No.

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 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)



93269	BUDGET RO	DOTER SERVICE, INC.	•		
3. Street Address Principal Business Of		•	City	State	Zip
54 Cushing Road	1		Warwick	RI	
4. Business Phone No.		S. State of Incorporation	WAT WICK	V.T.	02888 6. SIC Code
(401) 461-5600		RHODE ISLAND			7880
7. Brief Description of the Character of	f Business Conducted	in Rhode Island			
Drain cleaning					
8. NAMES AND ADDRESSE	ES OF THE OF	TCERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name			Vice President Name		
James S. O'Donne	:11		Donna A. Street Address	O'Donnell	
54 Cushing Road			54 Cushii	ng Road	
City	State	Zip	City	State	Zip
Warwick Secretary Name	RI	02888	Warwick Treasurer Name	RI	02888
Donna A. O'Donne Street Address	11		James S. Street Address	O'Donnell	
54 Cushing Road			54 Cushir	heog no	
City	State	Zip	City	State	Zip
Warwick 9. NAMES AND ADDRESSE Director Name	RI S OF THE DIR	02888 SECTORS ("X" BOX FOR ATTAC	Warwick CHMENT) FILL IN SPACE Director Name	RI ES BEFORE USING ATTA	02888
NONE			Director Name		
Street Address			Street Address		
City	State	ZIp	City	State	Zip
Director Name	·		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*	'X" BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
5,000 NO PAR VALUE			1,000	Common	No Par
			1	Common	NO Pal
			•		

either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	PAID (10)
Check No.:	JAN 1 9 2000

y:	 SEC'Y	OF	ST	AT	E
	 	_			

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 begein are true and correct.

Signature of Officer

James S. O'Donnell
Print or Type Name of Officer

President & Treasurer Title of Officer



FOR SECRETARY OF STATE USE ONLY

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

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93269		OOTER SERVICE,	INC.		
3. Street Address Principal Busines	s Office		City	State	Zip
54_Cushing_	_Road	5. State of Incorporati	Warwick	R.I	02000
a. nusiness i none No.		5. State of Incorporati RHODE ISL	on	(\. <u>1</u>	
. Brief Description of the Charact	6.60.0	l.	4NU		7880
	•	in Rhode Island			
Drain Clear	ling	CURC (eve now man =			
President Name	Saca OF THE OFF	ICERS CA BOX FOR AT	ACHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTAC	HMENTS
James S. O'	Donnell	,	Donna A. O'	Donnell	
Street Address	· 	·	Street Address		· · · · · · · · · · · · · · · · · · ·
54 CUshing	Rd.	•	54 CUCUTNO	n 4	
City	State	Zip	54_CUSHING_I	State	Zip
Warwick	RI	02888	Warwick	рт	
secretary Name			Treasurer Name	······································	
Donna A. O'	Donnell		Tames S O'	Donnell	
Street Address			Street Address		
<u>54</u> Cushing_			54 Cushing 1	Rd.	
•	State	Zip	City	State	Zip
Warwick	RI	02888	Warwick	RI	02888
Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR I	TTACHMENT) 1.3 FILL IN SPAC	ES BEFORE USING ATT	CHMENTS
None			Director Name		
Street Address			Street Address		
,					
City	State	Zip	: City	State	Zip
					""
Director Name	*****	••••••	Director Name		
treet Address			Street Address		· · · · · · · · · · · · · · · · · · ·
City	·· 				
ж	State	Zip	City	State	Zip
0. SHARES AUTHORIZE	D (exe nov con eate	(Cincorn) (A)		<u> </u>	
AUTHORIZED SHARES	TO CA BOX FOR ALL	ACHMENT)		(*X* BOX FOR ATTACHMENT) 🔾
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his report must be stor	red in ink by sitt	er the Precident Wie	a Densidont Constant to		
)	and and the citi	ici die riesidem, VIC	e President, Secretary, Ass	istant Secretary, Treasu	iter, Receiver or Truste
<u>.</u>		1177 HODI			
		1816 188 5			
1					
	, , , ,	•		erjury, I declare and affirm	
	10.10	$\overline{\alpha}$		ng any accompanying schi contained h <u>e</u> rein are true	edules and statements, and
File Date:	1WN 10 1	44		A A A	uny contect.
	14011		Lance	LOW mull	3-1-99
Check No.:	105 t4	, 	Signature of Officer	OlDonnell	Date
	Out		James S.	O'Donnell	
Ву:	⊘ ₹		Print or Type Name of C	Micer & Treasurer	
			r r e a r n e il f	a rreasurer	

Title of Officer



James R. Lungevin, Secretary of State Corporations Division
100 North Main Sireet Providence, RI 02903-1335 401-277-3040

(FORM MUST BE TYPED II	iary 1-March 1 • SBLACK)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	,	•	INSTRU
1. Corporate ID No.	2. Name of Corpo				
93269		ROOTER SERVICE, I	NC.	•	
. Street Address Principal Bu 54 CUSHING	siness Office ROAD/PO BOX	8212	WARWICK	State RI	^{Zip} 02888
. Business Phone No. (401) 461-56		5. State of Incorporati			6. SIC Code
GENERAL SEW	racter of Business Conducted ER AND DRAIN	CLEANING	• • •	· · · · · · · · · · · · · · · · · · ·	·
NAMES AND ADD	RESSES OF THE OF	FICERS ("X" BOX FOR AT	FACHMENT)		
JAMES S. 01	DONNELL		Vice President Name DONNA A. O'D	ONNELL	
54 CUSHING	ROAD		Street Address 54 CUSHING R	OAD	,
WARWICK	State RI	02888	City WARWICK	- State RI	02888
DONNA A O'D	ONNELL	*************************************	Treasurer Name JAMES S. O'DO	ONNELL	
treet Address 54 CUSHING	ROAD		Street Address 54 CUSHING RO	OAD	
WARWICK	State RI	02888	City WARWICK	State RI	^{Zig} 02888
NAMES AND ADD	RESSES OF THE DIE	ECTORS ("X" BOX FOR	TTACHMENT) [.]		
JAMES S. O'	DONNELL		Director Name DONNA A. O'DO	ONNELL	
treet Address 54 CUSHING	ROAD		Street Address 54 CUSHING RO	DAD	-
WARWICK	State RI	02888	City WARWICK	State RI	^{Zip} 02888
irector Name		······································	Director Name		
treet Address			Street Address		·
ity	State	Zip	City	State	Zip
O. SHARES AUTHOR UTHORIZED SHARES	IZED ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHME	NT)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 NO PAR VA	LUE		5,000		NO PAR

	* 9 3 2	6 9 *
File Date:	3.01.98	
Check No	973.	
B):	14	
FOR SECRETAR	EY 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 gorrect.

James

JAMES S. O'DONNELL

Print or Type Name of Officer

PRESIDENT

Title of Officer

