



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

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

1. Corporate ID No <b>83989</b>		2. Name of Corporation <b>DUKE'S SALES &amp; SERVICE, INC.</b>			
3. Street Address Principal Business Office <b>1020 Hiawatha Blvd, West</b>			City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>
4. Business Phone No <b>315-472-4781</b>		5. State of Incorporation <b>NEW YORK</b>			6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>CHEMICAL SEWER ROOT CONTROL.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kevin Duke</b>			Vice President Name <b>Anthony Malavenda</b>		
Street Address <b>1020 Hiawatha Blvd, West</b>			Street Address <b>1020 Hiawatha Blvd, West</b>		
City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>	City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>
Secretary Name <b>Anthony Malavenda</b>			Treasurer Name <b>Kevin Duke</b>		
Street Address "			Street Address "		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Kevin Duke</b>			Director Name <b>Anthony Malavenda</b>		
Street Address "			Street Address "		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100 COMM</b>	<b>\$100.00 PAR VALUE</b>		<b>2</b>	<b>Common</b>	<b>\$100.00</b>

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



\*83989\*

File Date 1/27/05  
Check No. 726018  
By: DA  
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.

[Signature] 1/29/05  
Signature of Officer Date  
**ANTHONY MALAVENDA**  
Print or Type Name of Officer  
Sec. DA  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

1. Corporate ID No <b>83989</b>		2. Name of Corporation <b>DUKE'S SALES &amp; SERVICE, INC.</b>			
3. Street Address Principal Business Office <b>1020 Hiawatha Blvd., West</b>			City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>
4. Business Phone No <b>315-472-4781</b>		5. State of Incorporation <b>NEW YORK</b>		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>CHEMICAL SEWER ROOT CONTROL.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kevin Duke</b>			Vice President Name <b>Anthony Malavenda</b>		
Street Address <b>1020 Hiawatha Blvd., West</b>			Street Address <b>1020 Hiawatha Blvd. West</b>		
City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>	City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>
Secretary Name <b>Anthony Malavenda</b>			Treasurer Name <b>Kevin Duke</b>		
Street Address <b>1020 Hiawatha Blvd., West</b>			Street Address <b>1020 Hiawatha Blvd., West</b>		
City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>	City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Kevin Duke</b>			Director Name <b>Anthony Malavenda</b>		
Street Address <b>1020 Hiawatha Blvd., West</b>			Street Address <b>1020 Hiawatha Blvd. West</b>		
City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>	City <b>Syracuse</b>	State <b>NY</b>	Zip <b>13204</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>100</b>	<b>COMM</b>	<b>\$100.00</b>	<b>2</b>	<b>Common</b>	<b>100<sup>00</sup></b>

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



\* 8 3 9 8 9 \*

File Date 1-20-04  
Check No. 725928  
By: [Signature]  
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.

[Signature] 1/16/04  
Signature of Officer Date  
**Anthony Malavenda**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **83989**  
2. Name of Corporation **DUKE'S SALES & SERVICE, INC.**  
3. Street Address Principal Business Office  
**1020 Hiawatha Blvd W**  
4. Business Phone No. **315/472-4781**  
5. State of Incorporation **NEW YORK**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Municipal Sewer Root Control**

City **Syracuse** State **NY** Zip **13204**  
6. SIC Code **0**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Kevin Duke**  
Street Address  
**1020 Hiawatha Blvd W**  
City **Syracuse** State **NY** Zip **13204**

Vice President Name **Anthony Malavenda**  
Street Address  
**1020 Hiawatha Blvd W**  
City **Syracuse** State **NY** Zip **13204**

Secretary Name **Anthony Malavenda**  
Street Address  
**1020 Hiawatha Blvd W**  
City **Syracuse** State **NY** Zip **13204**

Treasurer Name **Kevin Duke**  
Street Address  
**Hiawatha Blvd. W**  
City **Syracuse** State **NY** Zip **13204**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Kevin Duke**  
Street Address  
**1020 Hiawatha Blvd W**  
City **Syracuse** State **NY** Zip **13204**

Director Name **Anthony Malavenda**  
Street Address  
**1020 Hiawatha Blvd. W**  
City **Syracuse** State **NY** Zip **13204**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM \$100.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**2 Common 100.00**

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



\* 8 3 9 8 9 \*

File Date: 1-15-03  
Check No.: 725863  
By: [Signature]

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.

Signature of Officer [Signature] Date 1-10-03  
Print or Type Name of Officer Anthony Malavenda  
Title of Officer Vice President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83989** 2. Name of Corporation **DUKE'S SALES & SERVICE, INC.**

3. Street Address Principal Business Office **1020 Hiawatha Blvd W.** City **Syracuse** State **NY** Zip **13204**  
4. Business Phone No. **315/472-4781** 5. State of Incorporation **NEW YORK** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Municipal Sewer Root Control**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Kevin Duke**  
Street Address **1020 Hiawatha Blvd W.**  
City **Syracuse** State **NY** Zip **13204**

Vice President Name **Anthony Malavenda**  
Street Address **1020 Hiawatha Blvd W.**  
City **Syracuse** State **NY** Zip **13204**

Secretary Name **Anthony Malavenda**  
Street Address **1020 Hiawatha Blvd W.**  
City **Syracuse** State **NY** Zip **13204**

Treasurer Name **Kevin Duke**  
Street Address **1020 Hiawatha Blvd W.**  
City **Syracuse** State **NY** Zip **13204**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Kevin Duke**  
Street Address **1020 Hiawatha Blvd W.**  
City **Syracuse** State **NY** Zip **13204**

Director Name  
Street Address  
City State Zip

Director Name **Anthony Malavenda**  
Street Address **1020 Hiawatha Blvd W.**  
City **Syracuse** State **NY** Zip **13204**

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 COMM \$100.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**2 Common 100<sup>00</sup>**

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



\* 8 3 9 8 9 \*  
1-14-02

File Date: \_\_\_\_\_  
Check No.: **625828**  
By: **[Signature]**

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.  
Signature of Officer **[Signature]** Date **1/9/02**  
Print or Type Name of Officer **Anthony Malavenda**  
Title of Officer **VP**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83989** 2. Name of Corporation **DUKE'S SALES & SERVICE, INC.**  
3. Street Address Principal Business Office **1020 Hiawatha Blvd W. Syracuse NY 13204**  
4. Business Phone No. **315/472-4781** 5. State of Incorporation **NEW YORK** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Municipal Sewer Root Control**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name **Kevin Duke** Vice President Name **Anthony Malarenda**  
Street Address **1020 Hiawatha Blvd W.** Street Address **1020 Hiawatha Blvd W.**  
City **Syracuse NY 13204** City **Syracuse N.Y. 13204**

Secretary Name **Anthony Malarenda** Treasurer Name **Kevin Duke**  
Street Address **1020 Hiawatha Blvd W.** Street Address **1020 Hiawatha Blvd.**  
City **Syracuse NY 13204** City **Chittenango N.Y. 13204**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name **Kevin Duke** Director Name  
Street Address **1020 Hiawatha Blvd W.** Street Address  
City **Syracuse N.Y. 13204** City  
Director Name **Anthony Malarenda** Director Name  
Street Address **1020 Hiawatha Blvd W** Street Address  
City **Syracuse N.Y. 13204** City

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES ISSUED SHARES  
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  
**100 Common 100.00 2 Common 100.00**

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
JAN 19 9 48 AM '01

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



**FILED**

File Date: **JAN 19 2001**  
Check No.:  
By: **[Signature]**

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.  
**[Signature]** **1/16/01**  
Signature of Officer Date  
**Anthony Malarenda**  
Print or Type Name of Officer  
**Vice President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83989** 2. Name of Corporation **DUKE'S SALES & SERVICE, INC.**  
3. Street Address Principal Business Office **1020 Hiawatha Blvd West** City **Syracuse** State **NY** Zip **13204**  
4. Business Phone No. **315-472-4781** 5. State of Incorporation **NEW YORK** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Municipal sewer root control**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Kevin Duke</b>	Vice President Name <b>Anthony Malavenda</b>
Street Address <b>1020 Hiawatha Blvd West</b>	Street Address
City <b>Syracuse</b> State <b>NY</b> Zip <b>13204</b>	City State Zip
Secretary Name <b>Anthony Malavenda</b>	Treasurer Name <b>Kevin Duke</b>
Street Address <b>1020 Hiawatha Blvd West</b>	Street Address
City <b>Syracuse</b> State <b>NY</b> Zip <b>13204</b>	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Kevin Duke</b>	Director Name
Street Address <b>Same</b>	Street Address
City State Zip	City State Zip
Director Name <b>Anthony Malavenda</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip

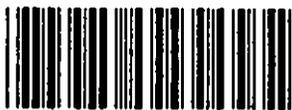
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
100	Common	100 <sup>00</sup> =

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
2	Common	100 <sup>00</sup> =

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



\* 8 3 9 8 9 \*

File Date: 1/20/00  
Check No.: 623767  
By: [Signature]

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.

[Signature]  
Signature of Officer Date

Print or Type Name of Officer

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83989** 2. Name of Corporation **DUKE'S SALES & SERVICE, INC.**  
3. Street Address Principal Business Office **1020 HIAWATHA BVD W** City **SYRACUSE** State **NY** Zip **13204-1131**  
4. Business Phone No. **315-472-4781** 5. State of Incorporation **NEW YORK** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**MUNICIPAL SEWER ROOT CONTROL**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **KEVIN DUKE** Vice President Name **ANTHONY MALAVENDA**  
Street Address **1020 HIAWATHA BVD W** Street Address  
City **SYRACUSE** State **NY** Zip **13204** City State Zip

Secretary Name **ANTHONY MALAVENDA** Treasurer Name **KEVIN DUKE**  
Street Address **1020 HIAWATHA BVD W** Street Address  
City **SYRACUSE** State **NY** Zip **13204** City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **KEVIN DUKE** Director Name  
Street Address **SAME AS ABOVE** Street Address  
City State Zip City State Zip

Director Name **ANTHONY MALAVENDA** Director Name  
Street Address Street Address  
City State Zip City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	100	COMMON	100 <sup>00</sup>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	2	COMMON	100 <sup>00</sup>

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



File Date: **03-26-99**  
Check No.: **22743**  
By: **[Signature]**

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.  
Signature of Officer **[Signature]** Date **3/23/99**  
Print or Type Name of Officer **A. MALAVENDA**  
Title of Officer **VP**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83989** 2. Name of Corporation **DUKE'S SALES & SERVICE, INC.**  
3. Street Address Principal Business Office **1020 HIAWATHA BLVD W** City **SYRACUSE** State **NY** Zip **13204-1131**  
4. Business Phone No. **315-472-4781** 5. State of Incorporation **NEW YORK** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**CHEMICAL SEWER ROOT CONTROL**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>KEVIN DUKE</b>	Vice President Name <b>ANTHONY MALAVENDA</b>
Street Address <b>1020 HIAWATHA BLVD W</b>	Street Address <b>1020 HIAWATHA BLVD W</b>
City <b>SYRACUSE</b> State <b>NY</b> Zip <b>13204-1131</b>	City <b>SYRACUSE</b> State <b>NY</b> Zip <b>13204-1131</b>
Secretary Name <b>ANTHONY MALAVENDA</b>	Treasurer Name <b>KEVIN DUKE</b>
Street Address <b>1020 HIAWATHA BLVD W</b>	Street Address <b>1020 HIAWATHA BLVD W</b>
City <b>SYRACUSE</b> State <b>NY</b> Zip <b>13204-1131</b>	City <b>SYRACUSE</b> State <b>NY</b> Zip <b>13204-1131</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>KEVIN DUKE</b>	Director Name
Street Address <b>SAME AS ABOVE</b>	Street Address
City <b>SYRACUSE</b> State <b>NY</b> Zip <b>13204-1131</b>	City <b>SYRACUSE</b> State <b>NY</b> Zip <b>13204-1131</b>
Director Name <b>ANTHONY MALAVENDA</b>	Director Name
Street Address	Street Address
City <b>SYRACUSE</b> State <b>NY</b> Zip <b>13204-1131</b>	City <b>SYRACUSE</b> State <b>NY</b> Zip <b>13204-1131</b>

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>COMMON/PAR</b>	<b>100<sup>00</sup>/EA</b>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>2</b>	<b>COMMON PAR</b>	<b>100<sup>00</sup>-EA</b>

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



File Date: **1.28.98**  
Check No.: **20990**  
By: **ICP**

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.

Signature of Officer: **Anthony Malavenda** Date: **1-14-98**  
Print or Type Name of Officer: **ANTHONY MALAVENDA VP**  
Title of Officer: **VP**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **83989** 2. Name of Corporation **DUKE'S SALES & SERVICE, INC.**

3. Street Address Principal Business Office **1020 HIAWATHA BLDG W** City **SYRACUSE** State **NY** Zip **13204-1131**

4. Business Phone No. **315-472-4781** 5. State of Incorporation **NEW YORK** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SEWER ROOT CONTROL CONTRACTOR**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name **KEVIN DUKE**  
Street Address **1020 HIAWATHA BLDG W**  
City **SYRACUSE** State **NY** Zip **13204**

Vice President Name **ANTHONY MALAVENDA**  
Street Address **1020 HIAWATHA BLDG W**  
City **SYRACUSE** State **NY** Zip **13204**

Secretary Name **ANTHONY MALAVENDA**  
Street Address **1020 HIAWATHA BLDG W**  
City **SYRACUSE** State **NY** Zip **13204**

Treasurer Name **KEVIN DUKE**  
Street Address **1020 HIAWATHA BLDG W**  
City **SYRACUSE** State **NY** Zip **13204**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name **KEVIN DUKE**  
Street Address **1020 HIAWATHA BLDG W**  
City **SYRACUSE** State **NY** Zip **13204**

Director Name  
Street Address  
City State Zip

Director Name **ANTHONY MALAVENDA**  
Street Address **1020 HIAWATHA BLDG W**  
City **SYRACUSE** State **NY** Zip **13204**

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	100 <sup>00</sup>

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
2	COMMON	100 <sup>00</sup>

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



\* 8 3 9 8 9 \*

File Date: **3.10.97**  
Check No.: **19713**  
By: **ICP**

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.

Signature of Officer **[Signature]** Date **3/5/97**

Print or Type Name of Officer

Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO: 83989  
2. NAME OF CORPORATION: DUKE'S SALES & SERVICE, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 1020 HIAWATHA BIVD W, SYRACUSE, NY, 13204-1131  
4. BUSINESS PHONE NO: 315-472-4781  
5. STATE OF INCORPORATION: NEW YORK  
6. SIC CODE:

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: CHEMICAL SEWER ROOT CONTROL

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: KEVIN DUKE	VICE PRESIDENT NAME: ANTHONY MALAVENDA
STREET ADDRESS: 1020 HIAWATHA BIVD W	STREET ADDRESS: 1020 HIAWATHA BIVD W
CITY: SYRACUSE STATE: NY ZIP CODE: 13204	CITY: SYRACUSE STATE: NY ZIP CODE: 13204
SECRETARY NAME: ANTHONY MALAVENDA	TREASURER NAME: KEVIN DUKE
STREET ADDRESS: 1020 HIAWATHA BIVD W	STREET ADDRESS: 1020 HIAWATHA BIVD W
CITY: SYRACUSE STATE: NY ZIP CODE: 13204	CITY: SYRACUSE STATE: NY ZIP CODE: 13204

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: KEVIN DUKE	DIRECTOR NAME: ANTHONY MALAVENDA
STREET ADDRESS: 1020 HIAWATHA BIVD W	STREET ADDRESS: 1020 HIAWATHA BIVD W
CITY: SYRACUSE STATE: NY ZIP CODE: 13204	CITY: SYRACUSE STATE: NY ZIP CODE: 13204

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100	COMMON STOCK	100 <sup>00</sup>	2	COMMON	100 <sup>00</sup>

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 herein are true and correct.

*Anthony Malavenda*  
Signature of Officer

ANTHONY MALAVENDA  
Print or Type Name of Officer

V.P.  
Title of Officer  
2/1/96  
Date

File Date: 2/5/96  
Check No: 18071  
By: *cc/y*  
For Secretary of State Use Only