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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JAN 15 2021
STAMP
BY

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000019537	RHODE ISLAND SEPTIC SERVICES, INC.

3. Principal Office Address	City	State	Zip
315 NOOSENECK HILL ROAD	EXETER	RI	02822

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
562991	CESSPOOL CLEANING AND ANY OTHER LAWFUL PURPOSE.
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MICHAEL L. SLINEY	
Street Address: 315 NOOSENECK HILL ROAD	Street Address
City: EXETER / State: RI / Zip: 02822	City / State / Zip
Secretary Name: CATHY A. SLINEY	Treasurer Name: CATHY A. SLINEY
Street Address: 315 NOOSENECK HILL ROAD	Street Address
City: EXETER / State: RI / Zip: 02822	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	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

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	500	COMMON	NONE

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	Date
MICHAEL L. SLINEY, PRESIDENT	1-8-21

Signature of Authorized Representative: Michael Sliney — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017