



State of Rhode Island  
**Department of State - Business Services Division**

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 DEPT. OF BUSINESS SERVICES DIV.  
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**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 000123318		2. Exact name of the Corporation ENVIRO-CLEAN, INC.	
3. Principal Office Address 41 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 562910	6. Brief description of the character of business conducted in Rhode Island Mold remediation, cleaning, and restoration services		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Eric S. Anderson		Vice-President Name Erika Dean	
Street Address 66 Wauregan Road		Street Address 28 Worthington Road	
City Brooklyn	State CT	City New London	State CT
Zip 06234		Zip 06320	
Secretary Name Laurie Oates		Treasurer Name Laura Anderson	
Street Address 120 Sandy Brook Road		Street Address 66 Wauregan Road	
City North Scituate	State RI	City Brooklyn	State CT
Zip 02857		Zip 06234	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Eric S. Anderson		Director Name	
Street Address 66 Wauregan		Street Address	
City Brooklyn	State CT	City	State
Zip 06234		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		200	Common
			No Par Value
PAR VALUE			
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.			
<b>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.</b>			
Name of Authorized Representative Eric S. Anderson, President			Date 1/22/21
Signature of Authorized Representative 			

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

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