State of Rhode Island
Department of State - Business Services Division

FILED
FEB 25 2021
BY 2443

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			
000102046	Inland Waters, Inc.			
3. Principal Office Address		City	State	Zip
275 Scituate Avenue		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
562998	To provide underground pipe rehabilitation services and vacuum truck services.			
5. State of Incorporation				
RI				

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

President Name Michael J. Davert			Vice-President Name Michael J. Davert		
Street Address 23 Indian Trail			Street Address 23 Indian Trail		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Michael J. Davert			Treasurer Name Michael J. Davert		
Street Address 23 Indian Trail			Street Address 23 Indian Trail		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816

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 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000		$0.0000

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: Michael J. Davert
Date: 2/19/21

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

FORM 630 - Revised: 08/2020