



State of Rhode Island

Department of State - Business Services Division

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.

STAMP

FORM SECRETARY OF STATE USE ONLY

1. Entity ID Number 3118		2. Exact name of the Corporation Burrillville Casspool Cleaning inc			
3. Principal Office Address 550 Mowry Street		City HARRISVILLE	State RI	Zip 02830	
4. NAICS Code 237110		6. Brief description of the character of business conducted in Rhode Island SEPTAGE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Michael Young			Vice-President Name Diane Young		
Street Address 550 Mowry Street			Street Address 550 Mowry Street		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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/SERIALS	PAR VALUE
			100		0
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 Michael Young				Date 6/1/2021	
Signature of Authorized Representative 					

FILED

JUN 01 2021

BY 3029 A.A.

MAIL TO:  
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