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

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**Annual Report for the year:** 2019
**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 | | |
|---|---|---|---|
| 001684747 | ABATEMENT PRO AND DEMO, INC | | |
| 3. Principal Office Address | City | State | Zip |
| 6 PERRY AVE | LAWRENCE | MA | 01841 |
| 4 NAICS Code: ~~NONE~~ 236118 | 6. Brief description of the character of business conducted in Rhode Island: TO ENGAGE IN THE BUSSINESS OF GENERAL CONTRACTING SPECIALIZING IN ASBESTOS REMOVAL/ COMMERCIAL ONLY. | | |
| 5. State of Incorporation: MASSACHUSETT | | | |

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

| President Name | Vice-President Name |
|---|---|
| EURINSON D FELIZ | RANDY FELIZ |
| Street Address: 6 PERRY AVE | Street Address: 6 PERRY AVE |
| City: LAWRENCE, State: MA, Zip: 01841 | City: LAWRENCE, State: MA, Zip: 01841 |
| Secretary Name: RANDY FELIZ | Treasurer Name: RANDY FELIZ |
| Street Address: 6 PERRY AVE | Street Address: 6 PERRY AVE |
| City: LAWRENCE, State: MA, Zip: 01841 | City: LAWRENCE, State: MA, Zip: 01841 |

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

| Director Name | Director Name |
|---|---|
| EURINSON D FELIZ | RANDY FELIZ |
| Street Address: 6 PERRY AVE | Street Address: 6 PERRY AVE |
| City: LAWRENCE, State: MA, Zip: 01841 | City: LAWRENCE, State: MA, Zip: 01841 |
| Director Name: NONE | Director Name: NONE |
| Street Address: NONE | Street Address: NONE |
| City: NONE, State: NONE, Zip: NONE | City: NONE, State: NONE, Zip: NONE |

9. Shares Authorized

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

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment

| NUMBER OF SHARES | CLASS/SERIES | 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

***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: EURINSON D. Feliz
Date: 07/30/2021
Signature of Authorized Representative:

**FILED**
AUG 03 2021
BY: DAGK1
12:56

**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