



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

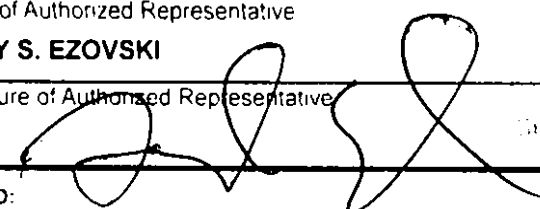
FILED

Annual Report for the year: 2024
Corporation

JAN 23 2024

BY 124 DS

- 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 22569		2. Exact name of the Corporation Lincoln Environmental, Inc.			
3. Principal Office Address 88 North Main Street, PO Box 663			City Slatersville	State RI	Zip 02876
4. NAICS Code 541620		6. Brief description of the character of business conducted in Rhode Island Environmental Consultant, Contractor and Waste Transporter			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary S. Ezovski			Vice-President Name Gary S. Ezovski		
Street Address 88 North Main Street, PO Box 663			Street Address 88 North Main Street, PO Box 663		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
Secretary Name Gary S. Ezovski			Treasurer Name Gary S. Ezovski		
Street Address 88 North Main Street, PO Box 663			Street Address 88 North Main Street, PO Box 663		
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary S. Ezovski			Director Name NONE		
Street Address 88 North Main Street, PO Box 663			Street Address		
City Slatersville	State RI	Zip 02876	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 61	CLASS/SERIES COMMON	PAR VALUE NO 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 GARY S. EZOVSKI				Date 1-18-24	
Signature of Authorized Representative 				DATE OF FILING 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