



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 05 2024

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1. Entity ID Number 000505738		2. Exact name of the Corporation RHODE ISLAND CESSPOOL CLEANERS, INC.									
3. Principal Office Address 315 Nooseneck Hill Road		City Exeter		State RI	Zip 02822						
4. NAICS Code 562991	6. Brief description of the character of business conducted in Rhode Island CESSPOOL CLEANING AND ANY OTHER LAWFUL PURPOSE.										
5. State of Incorporation RHODE ISLAND											
Check the box to indicate an attachment <input type="checkbox"/>											
7. List ALL officers (names and addresses)											
President Name Michael L. Sliney			Vice-President Name								
Street Address 315 Nooseneck Hill Road			Street Address								
City Exeter	State RI	Zip 02822	City	State	Zip						
Secretary Name Michael L. Sliney			Treasurer Name Michael L. Sliney								
Street Address 315 Nooseneck Hill Road			Street Address 315 Nooseneck Hill Road								
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822						
Check the box to indicate an attachment <input type="checkbox"/>											
8. List ALL directors (names and addresses)											
Director Name Michael L. Sliney			Director Name								
Street Address 315 Nooseneck Hill Road			Street Address								
City Exeter	State RI	Zip 02822	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
Check the box to indicate an attachment <input type="checkbox"/>											
9. Shares Authorized			10. Shares Issued								
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">500</td> <td style="text-align: center;">COMMON</td> <td style="text-align: center;">NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	COMMON	NO PAR
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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 L. SLINEY, PRESIDENT					Date 2-1-24						
Signature of Authorized Representative 											