



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					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500		
			CLASS/SERIES COMMON		PAR VALUE NO PAR
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 					

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: 11/2021