	State of Rhode	Island Fee: \$50.	.00
Office of the Secretary of State			
Division Of Business Services			
148 W. River Street			
	Providence RI 029		
1636	(401) 222-30	40	
Limited Partnership			
Annual Report			
Filing Period: February 1	- May I		
	L. 7-13.1-212(e), each partnership		
	in thirty (30) days after the time pr is subject to a penalty fee of \$25.0		
	R - ENTER THE CURRENT YEAR 2	UZ4 : <u>2024</u>	_
1. ID No. <u>000525382</u>	2		
2. Exact Name of the Partnership PSC Industrial Outsourcing, LP			
3. State of Formation			
State: <u>DE</u>			
	NAICS CODE		
-	S Code that best describes the primes the primes the primes best describes the primes of the primes of the primes the primes of	nary business conducted by the entity. <u>CS</u> can be found online.	
562998			
<u> </u>			
4. Brief Description of t Island	he Character of the Business Wh	ich is Actually Conducted in Rhode	
INDUSTRIAL AND E	NVIRONMENTAL SERVICES		
5. Principal Office Add			_
-2 LONGWATER DRIVE			
City or Town: <u>NOI</u>	<u>KWELL</u> State	e: <u>MA</u> Zip: <u>02061</u> Country: <u>USA</u>	
	ess address of each general part record a change in general partner(s) - use Form		
Title	Individual Name	Address	7
NONE GIVEN - P	First, Middle, Last, Suffix PSC INDUSTRIAL, INC.	Address, City or Town, State, Zip Code, Country	-
		5151 SAN FELIPE, SUITE 1600 HOUSTON, TX 77056 USA	
PARTNER	ERIC DUGAS	42 LONGWATER DRIVE NORWELL, MA 02061 USA	
[]	I		-'

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1.

Signed this 1 Day of April, 2024 at 3:25:01 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1

By <u>ERIC DUGAS</u>

Signature of Authorized Person

Form No. 643 Revised 10/23

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