RI SOS Filing Number: 202449949780 Date: 4/1/2024 4:00:00 PM

State of Rhode Island	ıd				FILED			
Department of State - Business Services Division Annual Report for the year: 2024 Corporation ———— Filing period: February 1 - May 1 Filing Fee: \$50.00					APR 0.1 2024 BY			
Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number 000061660	2. Exact name of the Corporation Clean Environment, Inc.							
Principal Office Address	City State Zip							
705 Hatchery Road			1 1	Kingstown	RI	0285	52	
4. NAICS Code 541620	6. Brief description of the character of business conducted in Rhode Island							
5. State of Incorporation Rhode Island	Environmental site assessment and engineering services							
7. List ALL officers (names and addresses) Check the box to indic						cate an attachmen	t 🗀	
President Name John E. Lavoie				Vice-President Name None				
Street Address 705 Hatchery Road			Street Address					
City North Kingstown	State RI	^{Žip} 02852	City		State	Zip	-	
Secretary Name John E. Lavoie	Treasurer Name John E. Lavo				e			
Street Address 705 Hatchery Road				Street Address 705 Hatchery Road				
^{City} North Kingstown	State RI	^{Z_{ip}} 02852	City North Kingstown		State	RI 0285	52	
List ALL directors (names and ac	idresses)		In a starkle		ox to indi	cate an attachmen		
None Name				Director Name				
Street Address				Street Address				
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	 	State	Zip		
9. Shares Authorized		10. Shares Issue				icate an attachmer		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		class/serie Common				
				•-				
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 John E. Lavoie					3/23/30x1			
Signature of Authorized Representative					1 4.			
Juhn d	timent							

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov