



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

Annual Report for the year: 2020
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 DEC 19 PM 12:53

1. Entity ID Number 000001511	2. Exact name of the Corporation Atlantic Abatement Corp. of Rhode Island		
3. Principal Office Address 120 Manton Ave		City Providence	State RI
		Zip 02909	
4. NAICS Code 523920	6. Brief description of the character of business conducted in Rhode Island Former Asbestos Abatement, Investment and Real Estate Development		
5. State of Incorporation RI			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
President Name Howard W. Byrnes		Vice-President Name Howard W. Byrnes		
Street Address 51 Overlook Drive		Street Address 51 Overlook Drive		
City Warwick	State RI	Zip 02818	City Warwick	
			State RI	
			Zip 02818	
Secretary Name Howard W. Byrnes		Treasurer Name Howard W. Byrnes		
Street Address 51 Overlook Drive		Street Address 51 Overlook Drive		
City Warwick	State RI	Zip 02818	City Warwick	
			State RI	
			Zip 02818	

8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
Director Name Howard W. Byrnes		Director Name Howard W. Byrnes		
Street Address 51 Overlook Drive		Street Address 51 Overlook Drive		
City Warwick	State RI	Zip 02818	City Warwick	
			State RI	
			Zip 02818	
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	CLASS OF SHARES	PAR VALUE
		TOTAL = 600	STK	NO PAR VALUE
		Issued = 100		

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 Howard W. Byrnes, Pres.	Date 12/17/2019
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Signature of Authorized Representative <i>Howard W. Byrnes</i>	SIGN DOCUMENT HERE FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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