



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

Annual Report for the year: 2022
 Corporation _____

FEB 18 2022 STAMP

BY 28086
 OS

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

1. Entity ID Number 000019537		2. Exact name of the Corporation RHODE ISLAND SEPTIC DESIGN AND INSTALLATIONS, 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 CATHY A. SLINEY			Treasurer Name CATHY A. SLINEY		
Street Address 315 NOOSENECK HILL ROAD			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director 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 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/SERIES	PAR VALUE
		500		COMMON	NONE
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. <i>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.</i>					
Name of Authorized Representative MICHAEL L. SLINEY, PRESIDENT				Date 2-14-2022	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov