



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 08 2023

20131 *R*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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			
5. State of Incorporation RHODE ISLAND		CESSPOOL CLEANING AND ANY OTHER LAWFUL PURPOSE.			
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 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			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
			500		COMMON
			PAR VALUE		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. 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 2-6-23	
Signature of Authorized Representative <i>Michael Sliney</i>					

MAIL TO:
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Website: www.sos.ri.gov