



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

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

**FILED**  
FEB 05 2024  
*[Handwritten signature]*

1. Entity ID Number <b>000019537</b>		2. Exact name of the Corporation <b>RHODE ISLAND SEPTIC DESIGN AND INSTALLATIONS, INC.</b>			
3. Principal Office Address <b>315 Nooseneck Hill Road</b>			City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
4. NAICS Code <b>562991</b>		6. Brief description of the character of business conducted in Rhode Island <b>CESSPOOL CLEANING AND ANY OTHER LAWFUL PURPOSE.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MICHAEL L. SLINEY</b>			Vice-President Name		
Street Address <b>315 Nooseneck Hill Road</b>			Street Address		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City	State	Zip
Secretary Name <b>CATHY A. SLINEY</b>			Treasurer Name <b>CATHY A. SLINEY</b>		
Street Address <b>315 Nooseneck Hill Road</b>			Street Address <b>315 Nooseneck Hill Road</b>		
City <b>Exeter,</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SLR/LS	
		NUMBER OF SHARES	CLASS/SLR/LS	PAR VALUE	
		<b>500</b>	<b>COMMON</b>	<b>NONE</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>MICHAEL L. SLINEY, PRESIDENT</b>					Date <b>2/1/24</b>
Signature of Authorized Representative <i>[Handwritten signature: Michael Sliney]</i>					

MAIL TO:  
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