

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
*In accordance with RIGL 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

* In accordance with R.I.G.L. /-I. aw (R.I.G.L. 7-1.2-1501(c&d)) is	subject to a penalty	fee of \$25.00.					
1. Corporate ID No. 113367	a se Co-sumble		isposal, Inc.		200		
3. Street Address Principal Business Office			City	state own RI	02852		
130 Tower Hill Road			North Kingst	OWI KI			
4. Business Phone No.		5. State of Incorporation Rhode 1	5. State of Incorporation Rhode Island				
293-3323							
Page tha bickiin	กลบบบบ ล	HU GISDUSAI	of solid waste	, rubbish and	otner reluse		
7. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR AT	Vice President Name	PACES BEFORE COMO A			
President Name			Angela M. Briggs				
Edward F. Briggs							
Street Address 71 Hopkins Hill Road			Street Address 71 Hopkins Hill Road				
City	State	Ztp	Сиу	State RI	02822		
Exeter] RI	02822	Exeter				
Secretary Name Angela M. Briggs			Treasurer Name Edward F. F	Treasurer Name Edward F. Briggs			
		<u> </u>	Street Address				
Street Address 71 Hopkins Hill	Road		71 Hopkins	71 Hopkins Hill Road			
Cltv	State	21p 02822	City	State R I	02822		
Frator	RI	02822	Exeter				
8. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING	AllACHMENT		
Director Name			Director Name				
Edward F. Briggs			Street Address				
Street Address	_		Sireet Autoress				
71 Hopkins Hill	<u>Road</u>		City	State	Ζip		
Cuy	State	Zψ	Сну				
Exeter	.lRI	02822	Dtrector Name				
	c						
Angela M. Briggs Streel Address 71 Hopkins Hill Road			Street Address	Street Address			
	State	Zψ	Cuy	State	Zip		
<i>City</i> Exeter	RI	02822					
9. SHARES AUTHORIZED (TACHMENT)	10. SHARES ISSUED	("X" BOX FOR ATTACE	IMENT) 🗌		
AUTHORIZED SHARES	A BUN YES	#####################################	ISSUED SHARES — THIS ST	ECTION MUST BE COMPLETED			
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
Number of Shares Class/Series Par value 1,000 NO PAR VALUE			100	Common	None		
				-)		
					of a receiver or trustee		
This report must be execute	d on behalf of the	corporation by an authoromy are corporation by the recei	orized representative. If the ver or trustee.	corporation is in the name	• • • • • • • • • • • • • • • • • • •		

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date Check No	FILE	=[]		
By:	MAR 1 3	2008	\mathcal{D} ∂	<u>81</u>)H
В	Y OR SECRETAR	Y OF STATE	USE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and st	that I have examined this report, tatements, and that all statements
contained herein are true and correct.	2/27/08_
Edward F. Burgy	Date
Print or Type Name Poesi devt	
Title	Form 630 Rev. 12/06