



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00 • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 38543		2. Name of Corporation HENRY WASTE DISPOSAL INC.			
3. Street Address Principal Business Office 1370 SCITUATE AVENUE		City CRANSTON	State R.I.	Zip 02921	
4. Business Phone No. 401-942-5374		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MAUREEN A. HENRY		Vice President Name SCOTT M. HENRY			
Street Address 1370 SCITUATE AVENUE		Street Address 2 QUIVER DRIVE			
City CRANSTON	State R.I.	Zip 02921	City W. WARWICK	State R.I.	Zip 02893
Secretary Name MAUREEN A. HENRY		Treasurer Name MAUREEN A. HENRY			
Street Address 1370 SCITUATE AVENUE		Street Address 1370 SCITUATE AVENUE			
City CRANSTON	State R.I.	Zip 02921	City CRANSTON	State R.I.	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MAUREEN A. HENRY		Director Name SCOTT M. HENRY			
Street Address 1370 SCITUATE AVENUE		Street Address 2 QUIVER DRIVE			
City CRANSTON	State R.I.	Zip 02921	City W. WARWICK	State R.I.	Zip 02893
Director Name WALTER I. HENRY		Director Name			
Street Address 1370 SCITUATE AVENUE		Street Address			
City CRANSTON	State R.I.	Zip 02921	City	State	Zip
9. SHARES AUTHORIZED 1000 COMMON NO PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 300		Class/Series COMMON		Par Value NO PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

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.

Signature: MAUREEN A. HENRY Date: 2-20-10
Print or Type Name: MAUREEN A. HENRY
Title: PRESIDENT

File Date: FILED
Check No.: FEB 24 2009
By: 14644
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