



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 2010

**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. 22985		2. Name of Corporation Dennis Jalbert Rubbish Removal, Inc.			
3. Street Address Principal Business Office Ministerial Road			City Wakefield	State RI	Zip 02879
4. Business Phone No. 401-783-0136		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Rubbish Removal					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis G. Jalbert			Vice President Name Linda M. Jalbert		
Street Address PO Box 386			Street Address PO Box 386		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Linda M. Jalbert			Treasurer Name Dennis G. Jalbert		
Street Address PO Box 386			Street Address PO Box 386		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis G. Jalbert			Director Name Linda M. Jalbert		
Street Address PO Box 386			Street Address PO Box 386		
City Charlestown	State RI	Zip 02813	City ?Charlestown	State RI	Zip 02813
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 400 common no par value					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 400		Class/Series common		Par Value no par	
THIS SECTION MUST BE COMPLETED					

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 Dennis G. Jalbert Date 1-6-10

Print or Type Name Dennis G. Jalbert  
President

Title