



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 2011

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. 62652		2. Name of Corporation Bay State Restoration, LTD.			
3. Street Address Principal Business Office 338 Metacom Avenue			City Warren	State RI	Zip 02885
4. Business Phone No. (401) 245-0755		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate a roll-off business involved with the collection of debris and to operate a facility that processes construction and demolition debris.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alfred St. Angelo			Vice President Name Anna St. Angelo		
Street Address 338 Metacom Avenue			Street Address 338 Metacom Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Shari D. Silvia			Treasurer Name Richard Silvia		
Street Address 338 Metacom Avenue			Street Address 338 Metacom Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1501	Class/Series	Par Value No Par

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.

FILED

File Date	FEB 22 2011
Check No. By	<i>mnc</i>
By:	14594
FOR SECRETARY OF STATE USE ONLY	

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.

Shari Silvia 2/17/11
Signature Date
Shari Silvia
Print or Type Name
Secretary
Title