



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. Corporation Name ACE Hauling, Inc.		2. Name of Corporation ACE Hauling, Inc.		
3. Street Address Principal Business Office 280 Dry Bridge Road		City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-294-6391		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island the hauling of refuse and other materials				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Angela M. Briggs		Vice President Name		
Street Address 71 Hopkins Hill Road		Street Address		
City Exeter	State RI	Zip 02822	City	State
Secretary Name Angela M. Briggs		Treasurer Name Angela M. Briggs		
Street Address 71 Hopkins Hill Road		Street Address 71 Hopkins Hill Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Angela M. Briggs		Director Name		
Street Address 71 Hopkins Hill Road		Street Address		
City Exeter	State RI	Zip 02822	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — 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.		Number of Shares 100	Class/Series Common	Par Value None

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.

File Date	<b>FILED</b>
Check No.	MAR 02 2011
By:	846
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.

Signature: Angela M. Briggs Date: 2/18/2011  
Print or Type Name: Angela M. Briggs  
Title: President