



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. 154327		2. Name of Corporation CCDS, INC			
3. Street Address Principal Business Office 824 VICTORY HWY			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401-397-9977		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TRUCKING AND DISPOSING MATERIALS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT SHAPPY, JR			Vice President Name ROBERT SHAPPY, JR		
Street Address PO BOX 5161			Street Address PO BOX 5161		
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827
Secretary Name ROBERT SHAPPY, JR			Treasurer Name ROBERT SHAPPY, JR		
Street Address PO BOX 5161			Street Address PO BOX 5161		
City GREENE	State RI	Zip 02827	City GREENE	State RI	Zip 02827
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT SHAPPY, JR			Director Name		
Street Address PO BOX 5161			Street Address		
City GREENE	State RI	Zip 02827	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) <input type="checkbox"/>		
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 100	Class/Series COMMON	Par Value \$0.01

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

MAR 02 2011

Check No.

By: BY 5437

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.

Robert Shappy 3-01-2011  
Signature Date

ROBERT SHAPPY, JR.

Print or Type Name

PRESIDENT

Title