

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, Rt 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. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fa	iling or refusing to file its ann	ual report within thirty (30) days aft	er the time prescribed by law	(R.I.G.L. 7-1.2-1501(e&d)) is
1. Corporate II) No. 132872	2. Name of Corporation B. M. Rubbish Services, Inc.				
3 Street Address Principal Business Office P. O. Box 814			City North Kingstown	State RI	^{2ip} 02852
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of To own operate and to man	age a rubbish dispos	sal and waste company			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			CHMENT) TILL IN SPACE Vice President Name	CES BEFORE USING A	TTACHMENTS
Blake Macera			Stephen Macera		
Street Address P. O. Box 814			Street Address P. O. Box 814		
North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852
Secretary Name Blake Macera			Treasurer Name Stephen Macera		
Street Address P. O. Box 814			Street Address P.O. Box 814		
North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT		ACES BEFORE USING	ATTACHMENTS
Brake Macera			Stephen Macera		
Street Address P. O. Box 814			Street Address P. O. Box 814		
North Kingstown	State RI	<i>Ζip</i> 02852	North Kingstown	State RI	52 02 852⊝∑
Director Name			Director Name	•••••	A 1000
Street Address			Street Address		
City	State	Zip	City	State	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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	Class/Series	Par Value
			600	Common	None
This report must be executed this report must be executed				oration is in the hands	of a receiver or trustee.
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EIEN		7	including any accomp	anying schedules and state rue and correct.	ements, and that all statemen
TILEU			ΩI	1/0	1/15/201

File Date _ JUN 0 2 2011 Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the	, .
including any accompanying schedules and stat	ements, and that all statements
contained herein are true and correct. Ban Wacce	1/15/20H
Signature	Defte
BLAKE MACERA	
Print or Type Name	
PRESIDENT	
Title	E 420 D 100/00
	Form 630 Rev. 08/08