



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 145771		2. Exact name of the Corporation DCAP disposal, Inc.	
3. Principal office address 97 Capuano Ave		City Cranston	State RI
		Zip 02920	
4. Business Phone No. 401-578-3000		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Sub-contractor - curbside Recycle.			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Daniel J Capuano III		Vice-President Name Daniel J Capuano III	
Street Address 97 Capuano Ave		Street Address 97 Capuano Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Daniel J Capuano III		Treasurer Name Daniel J Capuano III	
Street Address 97 Capuano Ave		Street Address 97 Capuano Ave	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Daniel J Capuano III		Director Name	
Street Address 97 Capuano Ave		Street Address	
City Cranston	State RI	City	State
Zip 02920		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES 1000	CLASS/SERIES
			PAR VALUE

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

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521

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.

Daniel J Capuano III **3/12/12**
 Signature of Authorized Representative Date
Daniel J Capuano III **3/12/12**
 Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By: _____
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