



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 2013

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. 119146		2. Exact name of the Corporation ENVIRO-SAFE DISPOSAL, INC.		
3. Principal office address 300 WAMPANOAG TRAIL		City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. 401-435-2300		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island For The Transportation, Disposal and Hauling of Trash, Waste Products, Recyclable Products				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name WILLIAM A. MEGA		Vice-President Name ROBERT A. MEGA		
Street Address 300 WAMPANOAG TRAIL		Street Address 300 WAMPANOAG TRAIL		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI
Secretary Name WILLIAM A. MEGA		Treasurer Name ROBERT A. MEGA		
Street Address 300 WAMPANOAG		Street Address 300 WAMPANOAG		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name WILLIAM A. MEGA		Director Name ROBERT A. MEGA		
Street Address 300 WAMPANOAG TRAIL		Street Address 300 WAMPANOAG TRAIL		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI
Director Name A. JOSEPH MEGA		Director Name		
Street Address 300 WAMPANOAG TRAIL		Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State
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 100		CLASS/SERIES COMMON		PAR VALUE NO 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.

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 08 2013

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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 of Authorized Representative

Date

WILLIAM A. MEGA

Print or Type Name of Authorized Representative