

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

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.	2. Exact name of t	he Corporation				
9566	Lavoie & Son Industrial Waste Removal, Inc.					
3300					,	
3. Principal office address 41Diane Drive			City Coventry		State RI	Zip 02816
4. Business Phone No.			5. State of incorporation			
(401) 828-3847			Rhode Island			
6. Brief description of the character	er of business cond	ucted in Rhode Island				
Waste Removal						
Wasi grana ogskrede	รงที่อาการ์ฮีรีลร	Single and State at a single	72.664BTEV:10.			
President Name Joseph E. Lavoie			Vice-President Name Donna M. Lavoie			
Street Address 41 Diane Drive			Street Address 41 Diane Drive			
City Coventry	State RI	Zip 02816	City State RI			Zip 02816
Secretary Name Donna M. Lavoie			Treasurer Name Donna M. Lavoie			
Street Address 41 Diane Drive			Street Address 41 Diane Drive			
City Coventry	State RI	Zip 02816	City Coventry		State Ri	Zip 02816
	Sancadies					
Director Name Joseph E. Lavoie			Director Name Donna M. Lavoie			
Street Address 41 Diane Drive			Street Address 41 Diane Drive			
City Coventry	State RI	Zip 02816	City State RI		1 '	Zip 02816
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State		Zip
CENTROLES NATIONALES ES	ART RESERVE		ំរួចទៅនិងមេរ៉ាតិ	[[5]](15)](4	Zojt Zenzekej:	MERTINE PROCESS
Book Color of a graph days are seed if a color of the seed of the			NUMBER OF SHARES	CLASS/SE	RIES	PAR VALUE
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.			1,000	C	ommon	No par value
This report must be executed on	behalf of the corpo	ration by an authorize	d representative. If the c	orporation i	s in the hands	of a receiver or trustee,
	his report must be	FIFT behalf of	the corporation by the re Under penalty of pe	eceiver or tri eriury. I dec	<i>ustee.</i> lare and affiri	m that I have examined
	12 X	1 inter	Grider penalty of pe	. jury, i dec		hadulas and statements

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JAN 2 3 2014

this report, including any accompanying and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

1-**13**-14

Joseph E. Lavoie

Print or Type Name of Authorized Representative

Revised: 01/2012