

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.sc./s.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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

Filing Period. Jan.	auty i man and	**	THE RESERVE OF THE RE	
	· FAILURE TO FILE THIS RE	DODT DV MADCH 31	WILL RESULT IN A \$25.9	UU PENALIY FEE.
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Filling Fee. 400.00	17150115 10 115			

1. Entity ID No.	2. Exact name	2. Exact name of the Corporation					
22072	J & K Sa	anitation, Inc.					
3. Industrial Road 3 NEW INDVSTRIAL ROAD			City Warren	State RI	Zip 02885		
4. Business Phone No. (401) 245-5330			5. State of Incorporation Rhode Island				
6. Brief description of the ch. Sanitation business	aracter of business , sale and man	conducted in Rhode Island agement of real esta	te				
7 List all officers (N	AMES AND ADDRE	ESSES) (#X# BOX FOR AT	TACHMENT)				
President Name Lori A. Bragantin			Vice-President Name Stephen Bragantin				
Street Address One Babbit Avenue			Street Address One Babbit Avenue				
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
Secretary Name Lori A. Bragantin			Treasurer Name Stephen Bragantin				
Street Address One Babbit Avenue			Street Address One Babbit Avenue				
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
8. LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR A	TTACHMENT)				
Director Name Lori A. Bragantin			Director Name				
Street Address One Babbit Avenue			Street Address				
City Bristol	State RI	Zip 02809	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BO)FOR ATTACH	MENT)		
			NUMBER OF SHARES	CLASSÆRIES	PAR VALUE		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			50	ommon	No Par Value		
See Section 9 of Instructi							
This report must be execu	ted on behalf of the this report mu	corporation by an authorize ust be executed on behalf o	rtne corporation by the re	Cerver musice.			
FILED			Under penalty of perjury declare and affirm that I have examined this report, including ar accompanying schedules and statements,				
File Date			and that all statements ontained herein are true and correct.				
Check No		JAN 2 9 2014	Signature of Authori	Bepresentative	m 1-28-14		
By:	B	10400	Lori A. Braga:i	v	- W. S		
FOR SECRETARY OF STATE USE ONLY			Print or Type Nan of Authorized Representative				

Form No. 630 Revised: 01/2012