



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 2014

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. 113367		2. Exact name of the Corporation EDWARD F. BRIGGS DISPOSAL, INC.			
3. Principal office address 130 TOWER HILL ROAD		City NORTH KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. 401-295-5323		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island FOR THE PICKUP, HAULING AND DISPOSAL OF SOLID WASTE, RUBBISH AND OTHER REFUSE.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name EDWARD F. BRIGGS		Vice-President Name ANGELA M. BRIGGS			
Street Address 71 HOPKINS HILL ROAD		Street Address 71 HOPKINS HILL ROAD			
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name ANGELA M. BRIGGS		Treasurer Name EDWARD F. BRIGGS			
Street Address 71 HOPKINS HILL ROAD		Street Address 71 HOPKINS HILL ROAD			
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name EDWARD F. BRIGGS		Director Name ANGELA M. BRIGGS			
Street Address 71 HOPKINS HILL ROAD		Street Address 71 HOPKINS HILL ROAD			
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	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	CLASS/SERIES	PAR VALUE
			1,000	COMMON	NONE

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: _____

FILED

FEB 18 2014

FOR SECRETARY OF STATE USE ONLY

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.

Edward F. Briggs

Signature of Authorized Representative

2-13-14

Date

EDWARD F. BRIGGS, PRESIDENT

Print or Type Name of Authorized Representative

By 2120