

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		me of the limited liab							
639996	Waste A	way Septic Ser	vices, LLC						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island maintenance and repair of septic systems							
Rhode Island	mainten								
5. Principal office address 55 Black Plain Rd.			City Exeter	State RI	Zip 02882				
	MITTED LIABILE	TY COMPANY AND	NAME OF TITLE OF CONTAC	TPERSON:					
Contact Name Richard M. Seymour			Contact Title Member						
Street Address 55 Black Plain Rd.			City Exeter	State RI	Zip 02882				
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPAN	Y, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN R	HODE ISLAND								
This information is currer	itly of record in th	e Office of the Seci	etary of State. Changes requi	re filing Form 642.	·				

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Form No. 632 Revised: 01/2012 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 Person

Date

Richard M. Seymour

Print or Type Name of Authorized Person