



**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 2015**

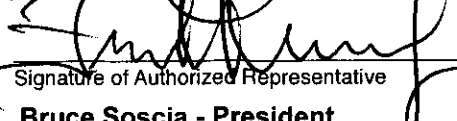
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>104287</b>		2. Exact name of the Corporation <b>M&amp;M Disposal, Inc.</b>		
3. Principal office address <b>46 Shun Pike</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-275-0882</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Own, operate and manage a rubbish disposal business</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>Frank H. Macera, Jr.</b>		Vice-President Name <b>Paul G. Macera</b>		
Street Address <del>1011 Town Farm Road</del> <b>P.O. Box 19838</b>		Street Address <b>420 Burnt Hill Road</b>		
City <del>Coventry</del> <b>Johnston</b>	State <b>RI</b>	Zip <del>02816</del> <b>02919</b>	City <b>Hope</b>	State <b>RI</b>
Secretary Name <b>Paul G. Macera</b>		Treasurer Name <b>Frank H. Macera, Jr.</b>		
Street Address <b>Same</b>		Street Address <b>Same</b>		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>None</b>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
		1000	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.

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.

 **Bruce Soscia - President**  
Signature of Authorized Representative Date **1-12-15**

**Bruce Soscia - President**  
Print or Type Name of Authorized Representative

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
**JAN 23 2015**  
**4780**