



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. 9566		2. Exact name of the Corporation Lavoie & Son Industrial Waste Removal, Inc.			
3. Principal office address 41 Diane Drive		City Coventry	State RI	Zip 02816	
4. Business Phone No. (401) 828-3847		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Waste removal					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 Coventry	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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1,000		Common		No par value	

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: _____
FOR SECRETARY OF STATE USE ONLY

FILED

FEB 04 2015

BY

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 Representative

Date

Joseph E. Lavoie

Print or Type Name of Authorized Representative