



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

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. 000525696		2. Exact name of the limited liability company Mega Solutions of Massachusetts, LLC	
3. State of Formation MA		4. Brief description of the character of business conducted in Rhode Island For the transportation, disposal and hauling of trash, waste products, recyclable products and, in general, any and all related services regarding the disposal of trash	
5. Principal office address 19 Industrial Way		City Seekonk	State MA
		Zip 02771	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert A. Mega		Contact Title Manager	
Street Address 19 Industrial Way		City Seekonk	State MA
		Zip 02771	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name Robert A. Mega		Manager Name	
Street Address 300 Wampanoag Trail		Street Address	
City East Providence	State RI	Zip 02915	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State		Zip	State
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

File Date _____
Check No _____
By _____
FOR SECRETARY OF STATE USE ONLY

FILED
NOV 16 2015

BY 5045

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.

Robert A. Mega 10/27/15
Signature of Authorized Person Date

Robert A. Mega
Print or Type Name of Authorized Person