STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104287

2. Name of Corporation M3 Enterprises, Inc.

3. Street Address Principal Business Office 46 Shun Pike — *City* Johnston — *State* RI — *Zip* 02919

4. Business Phone No. (401) 275-0882

5. State of Incorporation RHODE ISLAND

6. SIC Code 8888

7. Brief Description of the Character of Business Conducted in Rhode Island Own, operate and manage a rubbish disposal and waste company or for any other lawful purpose

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Frank H. Macera, Jr.
Street Address 1 Whiterock Rd.
City Coventry *State* RI *Zip* 02816

Vice President Name Paul G. Macera
Street Address same
City *State* *Zip*

Secretary Name Kenneth W. Macera
Street Address same
City *State* *Zip*

Treasurer Name Frank H. Macera, Jr.
Street Address same
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name No Directors
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
300	Common	No Par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

104287

File Date: 2-10-03

Check No.: 3361

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Frank H Macera 1-31-03
Signature of Officer *Date*

Frank H. Macera, Jr.
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02