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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 104287

2. Name of Corporation M & M DISPOSAL COMPANY

3. Street Address Principal Business Office 46 Shun Pike

City Johnston *State* RI *Zip* 02919

4. Business Phone No. 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 One Whiterock Rd.
City Coventry *State* RI *Zip* 02816

Secretary Name Kenneth W. Macera
Street Address One Whiterock Rd.
City Coventry *State* RI *Zip* 02816

Treasurer Name Frank H. Macera, Jr.
Street Address
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

* 1 0 4 2 8 7 *

PAID

File Date: JAN 19 2000

Check No.: SEC'Y OF STATE

By:

FOR SECRETARY OF STATE USE ONLY

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 1-10-00

Signature of Officer *Date*

Frank H. Macera, Jr.

Print or Type Name of Officer

President

Title of Officer

Form 630 12/96