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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 2016

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.	2. Exact name of the Corporation
788763	CAPALBO'S WASTE SERVICE, INC.

3. Principal office address	City	State	Zip
235 Westerly-Bradford Road	Westerly	RI	02891

4. Business Phone No.	5. State of Incorporation
(239) 284-4963	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Recycling of waste products and any other lawful business.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Joseph Capalbo	Linda Capalbo
Street Address: P.O. Box 2335	Street Address: P.O. Box 2335
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891
Secretary Name: Linda Capalbo	Treasurer Name: Linda Capalbo
Street Address: P.O. Box ~~2335~~ 2355	Street Address: P.O. Box ~~2335~~ 2355
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Joseph Capalbo	Linda Capalbo
Street Address: P.O. Box ~~2335~~ 2355	Street Address: P.O. Box ~~2335~~ 2355
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891
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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 28 2016
BY 3045

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.

3-24-16
Signature of Authorized Representative — Date

Joseph Capalbo, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
134587-2-1117368