



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN -3 PM 3:53

Profit Corporation Annual Report for the year: 2015

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 000790733		2. Exact name of the Corporation New England Recycling Company, Inc.			
3. Principal Office Address 490 Winthrop Street		City Taunton	State MA	Zip 02780	
4. Business Phone Number 508-824-4384		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Recycling C&D					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Gilbert J. Lopes, Jr.		Vice-President Name Joseph Tutsch, Jr.			
Street Address 821 Oak Steet		Street Address 1211 Center Street			
City North Dighton	State MA	Zip 02764	City Dighton	State MA	Zip 02764
Secretary Name Deborah A. Dutra		Treasurer Name Deborah A. Dutra			
Street Address 37 Elm Street		Street Address 37 Elm Street			
City Berkley	State MA	Zip 02779	City Berkley	State MA	Zip 02779
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☒					
Director Name Gilbert J. Lopes, Jr.		Director Name Kayla Lopes			
Street Address 821 Oak Steet		Street Address 1211 Center Street			
City North Dighton	State MA	Zip 02764	City Dighton	State MA	Zip 02764
9. Shares Authorized		10. Shares Issued Check box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		10,000		\$0.00	
11. 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.					
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.					
Name of Authorized Representative Deborah A. Dutra, Treasurer and Secretary				Date 05/27/2016	
Signature of Authorized Representative <i>Deborah A. Dutra</i> SIGN DOCUMENT HERE					

FILED

JUN 03 2016

BY MA 275899
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Director

Diane Perry
2380 Riverside Avenue
Somerset, MA 02726