	State of Rhode Island and Provide Office of the Secretary of	
	Division Of Business Serv	vices
	148 W. River Street	
	Providence RI 02904-26	515
HOPE	(401) 222-3040	
_imited Liability Co	ompany	
Annual Report		
Filing Period: September	1 - November 1	
	.L. 7-16-66(d), each limited liability company	
	ithin thirty (30) days after the time prescribed a penalty fee of \$25.00.	by law (R.I.G.L. 7-
ANNUAL REPORT YEA	R : <u>2016</u>	
1. ID No. <u>0001274</u>	429	
2. Exact Name of the	Limited Liability Company <u>Allied Waste</u>	Services of Massachusetts, LLC
3. State of Formation		
State: MA		
	ARTICLE III	
Using the following NAI	ARTICLE III CS codes, please select the code that best d	escribes your business.
Using the following NAI		escribes your business.
NAICS Code		<u>6</u> <u>56</u>
NAICS Code	CS codes, please select the code that best d	<u>6</u> <u>56</u>
NAICS Code 4. Brief Description of	CS codes, please select the code that best d	<u>6</u> <u>56</u>
NAICS Code 4. Brief Description of NON HAZARDOUS	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT	<u>6</u> <u>56</u>
NAICS Code 4. Brief Description of	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT	<u>6</u> <u>56</u>
NAICS Code 4. Brief Description of <u>NON HAZARDOUS</u> 5. Principal Office Add	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT	<u>6</u> <u>56</u>
NAICS Code 4. Brief Description of NON HAZARDOUS 5. Principal Office Add No. and Street: 185	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT Iress	<u>6</u> <u>56</u>
NAICS Code 4. Brief Description of NON HAZARDOUS 5. Principal Office Add No. and Street: 185 City or Town: PHO	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT Iress 00 NORTH ALLIED WAY DENIX State:	<u>56</u> .ctually Conducted in Rhode Island <u>AZ</u> Zip: <u>85054</u> Country: <u>USA</u>
NAICS Code 4. Brief Description of NON HAZARDOUS 5. Principal Office Add No. and Street: 185 City or Town: PHO 6. Mailing Address of	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT Iress 00 NORTH ALLIED WAY DENIX State: Limited Liability Company and Name or T	<u>56</u> .ctually Conducted in Rhode Island <u>AZ</u> Zip: <u>85054</u> Country: <u>USA</u>
NAICS Code 4. Brief Description of NON HAZARDOUS 5. Principal Office Add No. and Street: 185 City or Town: PHO 6. Mailing Address of Contact Name: Contact	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT Iress 00 NORTH ALLIED WAY DENIX State: Limited Liability Company and Name or T ct Title:	<u>56</u> ctually Conducted in Rhode Island <u>AZ</u> Zip: <u>85054</u> Country: <u>USA</u>
NAICS Code 4. Brief Description of NON HAZARDOUS 5. Principal Office Add No. and Street: 185 City or Town: PHO 6. Mailing Address of Contact Name: Conta No. and Street: 1850	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT Iress 00 NORTH ALLIED WAY DENIX State: Limited Liability Company and Name or T ct Title: 00 NORTH ALLIED WAY	<u>56</u> <u>56</u> AZ Zip: <u>85054</u> Country: <u>USA</u> Title of Contact Person:
NAICS Code 4. Brief Description of NON HAZARDOUS 5. Principal Office Add No. and Street: 185 City or Town: PHO 6. Mailing Address of Contact Name: Conta No. and Street: 1850	CS codes, please select the code that best d the Character of the Business Which is A SOLID WASTE MANAGEMENT Iress 00 NORTH ALLIED WAY DENIX State: Limited Liability Company and Name or T ct Title: 00 NORTH ALLIED WAY	<u>56</u> ctually Conducted in Rhode Island <u>AZ</u> Zip: <u>85054</u> Country: <u>USA</u>
NAICS Code 4. Brief Description of NON HAZARDOUS 5. Principal Office Add No. and Street: 185 City or Town: PHO 6. Mailing Address of Contact Name: Conta No. and Street: 1850 City or Town: PHO	CS codes, please select the code that best d the Character of the Business Which is A <u>SOLID WASTE MANAGEMENT</u> Iress <u>00 NORTH ALLIED WAY</u> <u>DENIX</u> State: Limited Liability Company and Name or T ct Title: <u>00 NORTH ALLIED WAY</u> <u>DENIX</u> State: <u>4</u> of Each Manager of the Limited Liability	6 56 ctually Conducted in Rhode Island AZ Zip: <u>85054</u> Country: <u>USA</u> Title of Contact Person: AZ Zip: <u>85054</u> Country: <u>USA</u>
NAICS Code 4. Brief Description of NON HAZARDOUS 5. Principal Office Add No. and Street: 185 City or Town: PHO 6. Mailing Address of Contact Name: Conta No. and Street: 1850 City or Town: PHO 6. Mailing Address of Contact Name: Conta No. and Street: 1850 City or Town: PHO 7. Name and Address Name	CS codes, please select the code that best d the Character of the Business Which is A <u>SOLID WASTE MANAGEMENT</u> Iress <u>00 NORTH ALLIED WAY</u> <u>DENIX</u> State: Limited Liability Company and Name or T ct Title: <u>00 NORTH ALLIED WAY</u> <u>DENIX</u> State: <u>4</u> of Each Manager of the Limited Liability	6 56 ctually Conducted in Rhode Island AZ Zip: <u>85054</u> Country: <u>USA</u> Title of Contact Person: AZ Zip: <u>85054</u> Country: <u>USA</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of September, 2016 at 9:48:19 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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