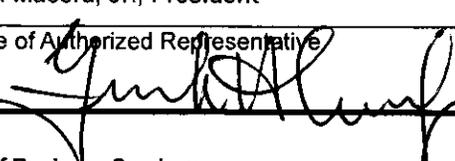




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 104287		2. Exact name of the Corporation M & M Disposal, Inc.			
3. Principal Office Address 48 Shun Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Own, operate and manage a rubbish business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank H. Macera, Jr.			Vice-President Name Paul G. Macera		
Street Address PO Box 19838			Street Address 420 Burnt Hill Road		
City Johnston	State RI	Zip 02919	City Hope	State RI	Zip 02831
Secretary Name Paul G. Macera			Treasurer Name Frank H. Macera, Jr.		
Street Address 420 Burnt Hill Road			Street Address PO Box 19838		
City Hope	State RI	Zip 02831	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1,000	Common	None
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 Frank H. Macera, Jr., President					Date 1/9/17
Signature of Authorized Representative 			FILED SIGN DOCUMENT HERE JAN 17 2017 5262 DS		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

CV