RI SOS Filing Number: 201734709030 Date: 2/21/2017 4:00:00 PM

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	2. Exact name of the Corporation
541284	ACE HAULING, INC.

3. Principal Office Address	City	State	Zip
71 HOPKINS HILL ROAD	EXETER	RI	02822

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
48-49 - Transportation and War	THE HAULING OF REFUSE AND OTHER MATERIALS.
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
ANGELA M. BRIGGS	
Street Address: 71 HOPKINS HILL ROAD	Street Address
City: EXETER, State: RI, Zip: 02822	City, State, Zip
Secretary Name: ANGELA M. BRIGGS	Treasurer Name: ANGELA M. BRIGGS
Street Address: 71 HOPKINS HILL ROAD	Street Address: 71 HOPKINS HILL ROAD
City: EXETER, State: RI, Zip: 02822	City: EXETER, State: RI, Zip: 02822

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
ANGELA M. BRIGGS	
Street Address: 71 HOPKINS HILL ROAD	Street Address
City: EXETER, State: RI, Zip: 02822	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100	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: ANGELA M. BRIGGS, PRESIDENT — Date: 2/14/17

Signature of Authorized Representative: SIGN DOCUMENT HERE — FILED FEB 21 2017 02

BY 3478

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

FORM 630 - Revised: 10/2016