



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 788763		2. Exact name of the Corporation CAPALBO'S WASTE SERVICES, INC.			
3. Principal Office Address 235 Westerly-Bradford Road			City Westerly	State RI	Zip 02891
4. NAICS Code 22 - Utilities		6. Brief description of the character of business conducted in Rhode Island Recycling of waste products and any other lawful 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 Joseph Capalbo			Vice-President Name 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			Street Address P.O. Box 2335		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Capalbo			Director Name 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
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		CLASS/SERIES
			200		Common
					PAR VALUE
					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 Joseph Capalbo, President					Date 3/17/17
Signature of Authorized Representative 					

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

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MAR 20 2017
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