



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

Annual Report for the year: **2015**
Corporation

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

R.I. DEPT. OF STATE
BUS SVCS DIV
2017 AUG 10 PM 12:10

1. Entity ID Number 000038543		2. Exact name of the Corporation HENRY WASTE DISPOSAL, INC.			
3. Principal Office Address 1370 SCITUATE AVENUE		City CRANSTON		State RI	Zip 02921
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island SOLID WASTE RUBBISH REMOVAL - COMMERCIAL - RESIDENTIAL RECYCLING SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MAUREEN A. HENRY			Vice-President Name SCOTT M. HENRY		
Street Address 1370 SCITUATE AVENUE			Street Address 12 COBBLESTONE TERRACE		
City CRANSTON	State RI	Zip 02921	City COVENTRY	State RI	Zip 02816
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 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 SCOTT M. HENRY					Date 08/10/2017
Signature of Authorized Representative <i>Scott M. Henry</i>					

FILED

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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