Sta	ate of Rhode Island and Pr Office of the Secret		NS Fee: \$50.00
HOPE	Division Of Busines 148 W. River Providence RI 029 (401) 222-3	Street 904-2615	
Limited Liability Comp Annual Report Filing Period: September 1 -			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000789191</u>			
2. Exact Name of the Limited Liability Company <u>OAKLEAF WASTE MANAGEMENT, LLC</u>			
3. State of Formation			
State: <u>CT</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>562111</u>			
4. Brief Description of the	Character of the Business White	h is Actually Conducte	ed in Rhode Island
WASTE SERVICES			
5. Principal Office Addres	6		
	DAY HILL ROAD DSOR State	: <u>CT</u> Zip: <u>06095</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: MARK A. LOCKETT Contact Title: VICE PRESIDENT & ASST. TREASURER No. and Street: 1001 FANNIN STREET			
City or Town: HOUS		e: <u>TX</u> Zip: <u>77002</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		ress
	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

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> <u>02914</u>

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

Signed this 13 Day of September, 2017 at 2:18:34 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 MARK A. LOCKETT

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved