RI SOS Filing Number: 201858313650 Date: 2/14/2018 4:00:00 PM

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

Annual Report for the year: 2018
Corporation

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

FILED
FEB 14 2018
BY 4001

1. Entity ID Number	2. Exact name of the Corporation			
113367	EDWARD F. BRIGGS DISPOSAL, INC.			
3. Principal Office Address		City	State	Zip
130 TOWER HILL ROAD		NORTH KINGSTOWN	RI	02852
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
562111	THE PICKUP, HAULING AND DISPOSAL OF SOLID WASTE, RUBBISH AND OTHER REFUSE.			
5 State of Incorporation				
RHODE ISLAND				

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

President Name	Street Address	City	State	Zip
EDWARD F. BRIGGS	P.O. BOX 691	EXETER	RI	02822

Vice-President Name	Street Address	City	State	Zip
ANGELA M. BRIGGS	P.O. BOX 691	EXETER	RI	02822

Secretary Name	Street Address	City	State	Zip
ANGELA M. BRIGGS	P.O. BOX 691	EXETER	RI	02822

Treasurer Name	Street Address	City	State	Zip
EDWARD F. BRIGGS	P.O. BOX 691	EXETER	RI	02822

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

Director Name	Street Address	City	State	Zip
ANGELA M. BRIGGS	P.O. BOX 691	EXETER	RI	02822

Director Name	Street Address	City	State	Zip
EDWARD F. BRIGGS	P.O. BOX 691	EXETER	RI	02822

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9 Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	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	Date
EDWARD F. BRIGGS, PRESIDENT	Jan 31, 2018

Signature of Authorized Representative

Edward F. Briggs

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: 10/2017