RI SOS Filing Number: 201859041200 Date: 2/21/2018 4:00:00 PM

State of Rhode Island and Department of Sta			Division		_	Ell ED
Annual Report for the ye		•		FILED		
Corporation	_			FEB 2 1 2018		
→ Filing period January 1 - M → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f			BY_	3599		
1 Entity ID Number				~ / / / /		
9566	2. Exact name of the Corporation Lavoie & Son Industrial Waste Removal, Inc.					
3 Principal Office Address			City		State	Zrp
41 Diane Drive			Coventry		RI	02816
4 NAICS Code 22020 5 State of Incorporation	6 Brief description of the character of business conducted in Rhode Island Waste removal					
Rhode island						
7 List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Joseph E. Lavoie			Vice-President Name Donna M. Lavoie			
Street Address 41 Diane Drive			Street Address 41 Diane Drive			
City Coventry	State RI	^{Zip} 02816	City Coventry		State RI	^{Žip} 02816
Secretary Name Donna M. Lavoie	Treasurer Nan	Treasurer Name Joseph E. Lavoie				
Street Address 41 Diane Drive	Street Address	Street Address 41 Diane Drive				
City Coventry	State RI	Z _{IP} 02816	City Coventry		State RI	^{Ζφ} 02816
8 List ALL directors (names and a	ddresses)			Check ti	ne box to it	ndicate an attachment
Director Name Joseph E. Lavoie	Director Name Donna M. Lavoie					
Street Address 41 Diane Drive			Street Address 41 Diane Drive			
City Coventry	State RI	² 9 02816	City Coventry		State RI	Z _{IP} 02816
Oirector Name			Director Name			
Street Address			Street Address			
Спу	State	Zip	City		State	Zip
9 Shares Authorized This information is currently of record in the			10 Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE	
This information is currently of record in the Department of State.		1,000		Common		No par value
Changes require an additional filing.						
11 This report must be executed o trustee, this report must be execute					ation is in t	he hands of a receiver or
Under penalty of perjury, I decla statements, and that all stateme	nts contained h			ncluding any accomp		chedules and
Name of Authorized Representativ Joseph E. Lavoie	S 21	5 .		Date 2-2-18		
Signature of Authorized Representatives Son DOCUMENT HERE						<u>v-</u> 10
		SON DOC	UMENT HE	rc		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov