



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.

RECEIVED
SECRETARY OF STATE
CORPORATE STAMP

2018 FEB 28 AM 8:50

1. Entry ID Number 000127644		2. Exact name of the Corporation Two Rod Way Farm Recycling, Inc.			
3. Principal Office Address 10 TWO ROD WAY			City REHOBOTH	State MA	Zip 02769
4. NAICS Code 562000	6. Brief description of the character of business conducted in Rhode Island Trash Removal Service				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT G DUTRA			Vice-President Name ROBERT G DUTRA		
Street Address 125 SUMMER STREET			Street Address 125 SUMMER STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name ROBERT G DUTRA			Treasurer Name ROBERT G DUTRA		
Street Address 125 SUMMER STREET			Street Address 125 SUMMER STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ROBERT G DUTRA			Director Name		
Street Address 125 SUMMER STREET			Street Address		
City REHOBOTH	State MA	Zip 02769	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 ☐					
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 200	CLASS/SERIES Common	PAR VALUE \$200.00
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 ROBERT G DUTRA					Date 2/7/18
Signature of Authorized Representative <i>X Robert G Dutra</i>			SIGN DOCUMENT HERE FILED FEB 28 2018 <i>KM</i>		

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

BY 325422