



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.

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 SECRETARY OF STATE
 CORPORATION DIVISION
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1. Entry ID Number 001481139		2. Exact name of the Corporation Ocean State Disposal, Inc.			
3. Principal Office Address 200 Mayfield Avenue, Suite #C2			City Cranston	State RI	Zip 02920
4. NAICS Code 48-49. 562213		6. Brief description of the character of business conducted in Rhode Island Refuse pick-up and disposal using containers dropped to customer sites.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Bottachiari			Vice-President Name		
Street Address 200 Mayfield Avenue, Suite #C2			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Peter Bottachiari			Treasurer Name Peter Bottachiari		
Street Address 200 Mayfield Avenue, Suite #C2			Street Address 200 Mayfield Avenue, Suite #C2		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Bottachiari			Director Name		
Street Address 200 Mayfield Avenue, Suite #C2			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		common stock	\$1,000
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. <i>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.</i>					
Name of Authorized Representative Peter Lockey					Date 6-18-18
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE JUN 19 2018

MAIL TO:
 Division of Business Services
 145 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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