State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State		
Division Of Business Services		
148 W. River Street		
Providence RI 02904-2615 (401) 222-3040		
HOPE	(401) 222	3040
Limited Liability Company Annual Report		
Filing Period: September 1 - November 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: 2018		
<b>1. ID No.</b> <u>000487590</u>		
<b>2. Exact Name of the Limited Liability Company</b> <u>BFI WASTE SYSTEMS OF NORTH AMERICA,</u> <u>LLC</u>		
3. State of Formation		
State: <u>DE</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>562119</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
NON-HAZARDOUS SOLID WASTE MANAGEMENT		
5. Principal Office Addres	ŝS	
No. and Street: <u>18500</u>	NORTH ALLIED WAY	
City or Town: <u>PHOE</u>	NIX	State: $\underline{AZ}$ Zip: $\underline{85054}$ Country: $\underline{USA}$
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contact Title:		
	NORTH ALLIED WAY	
City or Town: PHOE	<u>NIX</u>	State: <u>AZ</u> Zip: <u>85054</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	Address
	First, Middle, Last, Suffix	Address, City or Town, 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 26 Day of September, 2018 at 8:31:40 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 <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved