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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

→ Filing period. January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty. Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
14050	NARRAG	NARRAGANSETT RUBBISH REMOVAL INC						
3. Principal Office Address	City	<u>.</u> .	State	Zip				
11 WALTS WAY			NARRAGA	NSETT	RI	02882		
4. NAICS Code	6. Brief desc	ription of the charac	cter of business	conducted in Rho	de Island			
562111	RUBBISH R	RUBBISH REMOVAL: RESIDENT AL, COMMERCIAL, CONSTRUCTION						
5. State of Incorporation		1						
RHODE ISLAND								
7. List ALL officers (names an	nd addresses)			Cho	eck the box to indi	cate an attachment 🔲		
President Name GARY A BRIERTY			Vice-President Name PATRICE M BRIERTY					
			Street Address 302B CURTIS CORNER RD					
Street Address 302B CURTIS			Street Audres	302B CURTIS C	ORNER RD			
City WAKEFIELD	State RI	^{Zıp} 02879	City WAKEFIELD		State RI	Zip 02879		
Secretary Name PATRICE M BRIERTY			Treasurer Name GARY A BRIERTY					
Street Address 302B CURTIS CORNER RD			Street Address 302B CURTIS CORNER RD					
City WAKEFIELD	State RI	^{Zip} 02879	City WAKEFIELD		State RI	^{Ζιρ} 02879		
8. List ALL directors (names a	and addresses)			Ch	eck the box to indi	cate an attachment		
Director Name			Director Name	2	_			
Street Address			Street Address					
				-				
City	State	Zıp	City		State	Zıp		
Director Name			Director Name					
Street Address			Ctus at Address					
Street Address			Street Addres	5				
City	State	Zip	City		State	Žıp		
O Charas Authoriand		10.0	<u> </u>					
Shares Authorized This information is currently of	record in the	10. Shares Iss						
Department of State.		1000		CNP		0.00		
Changes require an additional filing.								
	J							
11. This report must be execu	ited on behalf of the	corporation by an	authorized repre	sentative. If the co	orporation is in the	hands of a receiver or		
trustee, this report must be ex Under penalty of perjury, I d	kecuted on behalf of	the corporation by	the receiver or t	rustee.		adulas aid		
statements, and that all sta	tements contained	herein are true ar	ned ans report, i and correct.	nciuding any ac	companying scn	edules and		
Name of Authorized Represei				 	CHOSTE)			
PATRICE M BRIERTY					01/02/2019)		
Signature of Authorized Repri	esentative	ME	Dist.	Į,	IAN 07 2019			
		111 t	7 Juni	7	12221			
MAIL TO: Division of Business Services	/ /	<u>_</u>	′ ()	, R.T.	1-10-10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos ri gov

FORM 630 - Revised: 10/2017