



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2019
Corporation

- 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 9566		2. Exact name of the Corporation Lavoie & Son Industrial Waste Removal, Inc.			
3. Principal Office Address 41 Diane Drive			City Coventry	State RI	Zip 02816
4. NAICS Code 230210 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Waste removal			
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 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	Zip 02816
Secretary Name Donna M. Lavoie			Treasurer Name Joseph E. Lavoie		
Street Address 41 Diane Drive			Street Address 41 Diane Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph E. Lavoie			Director Name Donna M. Lavoie		
Street Address 41 Diane Drive			Street Address 41 Diane Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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
		1,000		Common	No par value
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 Joseph E. Lavoie					Date 1-15-19
Signature of Authorized Representative 					

FILED
SIGN DOCUMENT HERE

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

JAN 28 2019
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