RI SOS Filing Number: 201988234180 Date: 3/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the yea	ar: 20	19			D 0 C 00	· · · · · ·
			MAR 0 6 2019			
Corporation → Filing period: January 1 - Ma		("~A2	2		
Filing Fee: \$50.00				BY_	$V \cup X$	
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.						
12 Exact name of the Corporation						
1. Linky 10 (10)	RRA	ALCA P	くストナル	ices IN	C.,	
64110	レハワ	10C4 L	7: 30 / // Tobu		State	Zip
3. Principal Office Address 65 STARR STREET			City i	J ,	RT	02919
	57 <i>868</i>	<u>. 7</u>	JUH	NS TON	111	02/1/
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
562111 Business of Waste DISPOSAL REMOVAL FOR PROFIT						
5. State of Incorporation						
Rhode Island						
	resses)				e box to indic	cate an attachment 🛄
President Name			Vice-President Name			
Joseph P. Batrica			DANIEL S BRAWCA			
Street Address 574RS 57			STREET ADDITIONS STATE			
	State	Zip	City		State	Zip
City Johnston	RI	02919			<u> </u>	
Secretary Name			Treasurer Name JOSEPH P. BRANCA			
DANIEL S. BRANCA			Street Address			
Street Address SANE			S:AM &			
City	State	Zip	City		State	Zip
				Charlet	- hay to indi	acts as attachment
8. List ALL directors (names and ad-	Director Name	Check the box to indicate an attachment				
Director Name						
Street Address	Street Address					
					State	Zip
City	State	Zip	City		Sidie	24
	<u> </u>	!	Director Name		<u>. </u>	
Director Name						
Street Address	Street Address					
		Trace	City	 	State	Zip
City	State	Zip	City			
9. Shares Authorized	Shares Authorized 10. Shares Issu		Check the box to indicate an attachment			
This information is currently of record in the		NUMBER OF SE		CLASS/SERIES		Ala DAA
Department of State.		20	0	COMMON		NO TAR
Changes require an additional filing.		!				
1		<u> </u>	the arised represe	contains If the comor	ation is in the	hands of a receiver or
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 deficulties and						
statements, and that all statements contained herein are true and correct.						
Name of Authorized Representative					i	1 0
	BRANCA				05/0	1/19
Signature of Authorized Representative						
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MAIL TO:

Olvision of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov