



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. 117135, Name of Corporation R&R DISPOSAL, INC., Principal Business Office 9 Larch Street, Smithfield, RI 02917, Business Phone No. 401-231-2587, State of Incorporation RHODE ISLAND, SIC Code 6510, Officers: Donna A. Rioles (President), Robert D. Rioles (Vice President), Treasurer Name Same, Directors: n/a, Shares Authorized 3,000 NO PAR VALUE, Shares Issued 0.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Check No. 1108, Date 1-12-05, By: [Signature]

Signature of Officer: Donna A. Rioles, Date: 1/11/05, Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117135		2. Name of Corporation R&R DISPOSAL, INC.			
3. Street Address Principal Business Office 9 LARCH Street			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-231-2587		5. State of Incorporation RHODE ISLAND		6. SIC Code 6510	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN WASTE DISPOSAL ORIENTED BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna A Rioles			Vice President Name Robert D Rioles		
Street Address 520 Shippeetown Road			Street Address Same		
City Coast Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Donna A Rioles			Treasurer Name Robert D Rioles		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 NO PAR VALUE	Common	\$			\$

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 7 1 3 5 *

File Date: 2-27-09
Check No.: 085
By: ICP
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Donna A Rioles Date: 2/24/09
Print or Type Name of Officer: Donna A Rioles
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **117135**
2. Name of Corporation **R&R DISPOSAL, INC.**
3. Street Address Principal Business Office **9 Larch Street**
4. Business Phone No. **401 231-2587**
5. State of Incorporation **RHODE ISLAND**

City **Smithfield** State **RI** Zip **02917**
6. SIC Code **6510**

7. Brief Description of the Character of Business Conducted in Rhode Island
Waste / Trash Disposal

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Donna A. Riolo**
Street Address **29 Riverview Drive**
City **No Pro** State **RI** Zip **02904**
Secretary Name **Donna A Riolo**
Street Address
City State Zip

Vice President Name **Robert D. Riolo**
Street Address **Same**
City State Zip
Treasurer Name **Robert D. Riolo**
Street Address **Same**
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

N/A

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
3,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 7 1 3 5 *

File Date: **1/6/03**
Check No.: **315**
By: **VP**

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.

Signature of Officer **Donna A Riolo** Date **1/8/03**
Print or Type Name of Officer **Donna A Riolo**
Title of Officer **President**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117135		2. Name of Corporation R&R DISPOSAL, INC.			
3. Street Address Principal Business Office 9 Larch Street		City Smithfield		State RI	Zip 02917
4. Business Phone No. 401-231-2587		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island Contractor / Trash Removal					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Donna A. Riotes			Vice President Name Robert D. Riotes		
Street Address 29 Riverview Drive			Street Address Same		
City Providence		State RI	Zip 02904		
Secretary Name Donna A. Riotes			Treasurer Name Robert D. Riotes		
Street Address "			Street Address "		
City		State	Zip		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip		
Director Name N/A			Director Name		
Street Address			Street Address		
City		State	Zip		
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 NO PAR VALUE	Common	0			0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2-12-01
Check No.: 167
By: [Signature]

Signature of Officer: [Signature] Date: 2-12-01
Print or Type Name of Officer: Donna A. Riotes
Title of Officer: President