State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2019

1. ID No. 000137542

2. Exact Name of the Limited Liability Company PAWTUCKET RECYCLING ASSOCIATES LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

562119

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE PURPOSES OF THE COMPANY ARE (I) TO MANUFACTURE, DISTRIBUTE, SELL, ACQUIRE, INVEST IN, CREATE, INVENT, OWN, HOLD, OPERATE, RENOVATE, IMPROVE, MAINTAIN, FINANCE, REFINANCE, MANAGE, LEASE, DISPOSE OF, AND OTHERWISE DEAL WITH INTANGIBLE AND REAL AND/OR PERSONAL TANGIBLE PROPERTY (INCLUDING INTERESTS IN (AND OPTIONS TO ACQUIRE INTERESTS IN) OTHER ENTITIES OWNING ANY SUCH PROPERTY), AND (II) TO ENGAGE IN ALL RELATED ACTIVITIES AND BUSINESSES ARISING FROM ANY OF THE FOREGOING OR RELATING THERETO OR NECESSARY, DESIRABLE, ADVISABLE, CONVENIENT OR APPROPRIATE IN CONNECTION THEREWITH AS THE MEMBER MAY DETERMINE.

5. Principal Office Address

No. and Street: ONE PATRIOT PLACE
City or Town: FOXBOROUGH State: MA Zip: 02035 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: ONE PATRIOT PLACE

City or Town: FOXBOROUGH State: MA Zip: 02035 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address 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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of October, 2019 at 9:32:49 AM 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 ROBERT K. KRAFT
Signature of Authorized Person

Form No. 632
Revised 09/07