



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00


→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

DEC 19 2019

BY

2524 DS

1. Entity ID Number 122336		2. Exact name of the Corporation Green Day Environmental Services, Inc.			
3. Principal Office Address 431 Greenville Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 541620		6. Brief description of the character of business conducted in Rhode Island Provide Consulting Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Sukaskas			Vice-President Name Michael Sukaskas		
Street Address 431 Greenville Avenue			Street Address 431 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Michael Sukaskas			Treasurer Name Michael Sukaskas		
Street Address 431 Greenville Avenue			Street Address 431 Greenville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Sukaskas			Director Name		
Street Address 431 Greenville Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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		
			100	Common	No Par
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 Michael Sukaskas					Date 12/17/19
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017