



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 10 2020

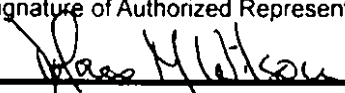
BY

3802
00**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.

1. Entity ID Number 1672904		2. Exact name of the Corporation Alaround Rentals, Inc.			
3. Principal Office Address 3773 Howard Hughes Parkway, Suite 5005			City Las Vegas	State NV	Zip 89169
4. NAICS Code 562998		6. Brief description of the character of business conducted in Rhode Island Ownership and rental of industrial and business waste compactors			
5. State of Incorporation Nevada					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dolores M. Wilson			Vice-President Name None		
Street Address 215 Cedar Street			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Dolores M. Wilson			Treasurer Name Dolores M. Wilson		
Street Address 215 Cedar Street			Street Address 215 Cedar Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dolores M. Wilson			Director Name		
Street Address 215 Cedar Street			Street Address		
City East Greenwich	State RI	Zip 02818	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		
			PAR VALUE		
			1,200		
			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 Dolores M. Wilson, President					Date 2.6.20
Signature of Authorized Representative 					
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