

Filing Fee: \$50.00

156658
ID Number: ~~91037~~



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FILED

DEC 22 2006

By AMF
11-10806

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
Allied Waste Transfer Services of Rhode Island, LLC
2. The fictitious business name to be used is Allied Waste Transfer of North Smithfield
3. The state or territory under the laws of which it is incorporated, organized or formed is Massachusetts
4. The date of incorporation, organization or formation is 12/27/1928
5. If a business corporation, the address of its registered office within Rhode Island is _____
10 Weybosset Street, Providence, RI 02903
6. If a business corporation, the business in which it is engaged _____
non-hazardous solid waste management
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 12/20/06

Allied Waste Transfer Services of Rhode Island, LLC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By Jo White
Signature of Authorized Officer of the Corporation
Jo Lynn White

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership