



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101080		2. Exact name of the limited liability company We Dispose, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ROLL-OFF CONTAINERS FOR HAULING OF WASTE			
5. Principal office address 24 MARTIN STREET		City CUMBERLAND	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PETER CALCAGNI			Contact Title MANAGING MEMBER		
Street Address 24 MARTIN STREET		City CUMBERLAND	State RI	Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JEAN FALLAGO, ESQ.			Address		
Address 52 CEDAR SWAMP ROAD			City SMITHFIELD	Zip 02917	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	11/18/05	*101080*
Check No.	3254	
By:		
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 Authorized Person Date 10/25/05
PETER CALCAGNI
Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101080		2. Exact name of the limited liability company We Dispose, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ROLL-OFF CONTAINERS FOR HAULING OF WASTE	
5. Principal office address 50 CEDAR SWAMP ROAD		City SMITHFIELD	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name PETER CALCAGNI		Contact Title .	
Street Address 50 CEDAR SWAMP ROAD		City SMITHFIELD	State RI
		Zip 02917	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JEAN FALLAGO, ESQ.		Address 52 CEDAR SWAMP ROAD	
Address		City SMITHFIELD	Zip 02917

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 0 1 0 8 0

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 Authorized Person

Date

Peter Calcagni

Print or Type Name of Authorized Person

101080 DLLC 11/08/04 11:49:58 AM

File Date

11/8/04

Check No.

2877 C 49375

By:

PMC

FOR SECRETARY OF STATE USE ONLY



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 02903-1435
401.222.3640

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101080		2. Exact name of the limited liability company We Dispose, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ROLL-OFF CONTAINERS FOR HAULING OF WASTE			
5. Principal office address 50 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PETER CACCAGNI		Contact Title MANAGING MEMBER			
Street Address 50 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JEAN FALLAGO, ESQ.		Address			
Address 52 CEDAR SWAMP ROAD		City SMITHFIELD	Zip 02917		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	11/28/03
Check No.	
By:	
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 Authorized Person
Date **10/24/03**
Peter Caccagni
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 101080		2. Exact name of the limited liability company We Dispose, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ROLL-OFF CONTAINERS FOR HAULING OF WASTE	
5. Principal office address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jean Fallago, Esquire		Contact Title Attorney	
Street Address 52 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Peter Calcagni		Manager Name	
Street Address 50 Cedar Swamp Road		Street Address	
City Smithfield	State RI	City	State
Zip 02917		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JEAN FALLAGO, ESQ.		Address	
Address 52 CEDAR SWAMP ROAD		City SMITHFIELD	Zip 02917

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 0 1 0 8 0 *

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 11-4-02

Check No. 2554

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Signature of Jean Fallago 10/31/02
Date

Jean Fallago
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 101080

Annual Report for the year 2001

1. The name of the limited liability company is:

We Dispose, LLC

2. The address of the principal office of the limited liability company is:

50 CEDAR SWAMP RD SMITHFIELD, RI 02917

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JEAN FALLAGO, ESQ.

52 CEDAR SWAMP ROAD SMITHFIELD RI 02917

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: PETER CALKINS

50 CEDAR SWAMP RD SMITHFIELD, RI 02917

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ROLL-OFF CONTAINERS FOR HAULING OF WASTE

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated

10/29/01



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.

WE DISPOSE, LLC

Exact Name of Limited Liability Company

By

Jean Fallago
Legal Representative

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

10-31-01

Check No.:

21741

By:

[Signature]

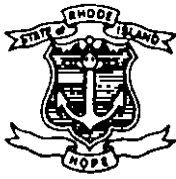
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Form No. 642

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 101080

Annual Report for the year 2000

1. The name of the limited liability company is:

We Dispose, LLC

2. The address of the principal office of the limited liability company is:

50 CEDAR SWAMP RD SMITHFIELD, RI 02917

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JEAN FALLAGO, ESQ.

52 CEDAR SWAMP ROAD SMITHFIELD RI 02917

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: PETER CALCAGNI

50 CEDAR SWAMP RD SMITHFIELD, RI 02917

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: ROLL-OFF CONTAINERS FOR HAULING OF WASTE

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated 10/12/00



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.

We Dispose LLC

Exact Name of Limited Liability Company

By

Marking Monahan
Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-20-00

Check No.: 11665

By: AMF

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 101080

Annual Report for the year 1999

1. The name of the limited liability company is:
We Dispose, LLC
2. The address of the principal office of the limited liability company is:

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4. The name and address of its resident agent is: JEAN FALLAGO, ESQ.
52 CEDAR SWAMP ROAD SMITHFIELD, RI 02917
5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: _____
6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: _____
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
_____	_____
_____	_____
_____	_____

Dated 12/2/99



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.

We Dispose, L.L.C.
Exact Name of Limited Liability Company

By Jean Fallago
Legal representative
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>12-13-99</u>
Check No.:	<u>1360</u>
By:	<u>AMF</u>