

# 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

_	tember 1 - November 1 ED OR PRINTED IN HIACK)	• Filing Fee: \$50	).()()				
1. ID No.	2.Exact name of the limit	ed liability company					
101080	080 We Dispose, LLC						
3. State of Formation	4. Brief descript	ion of the character of the h	istness which is actually conducted in Rhode i	sland			
RHODE ISLAND	ROLL-OFF	CONTAINERS FOR HAI	JLING OF WASTE	NG OF WASTE			
5. Principal office add		· ·	City	State	Zip		
•	prin Street		CUMBERLAND	R(	02364		
	RESS OF LIMITED LIAB	ILITY COMPANY ANI	NAME OR TITLE OF CONTACT P	ERSON:	•		
Contact Name	Charles		Contact Title	_			
PBIER	- CALCAGNI			MANTGING MEMBER_			
Sirvei Address 24 M	ARTIN STREE	_	Comedians	State R \	<sup>Ζφ</sup> 02864		
	FILL IN SI	PACES BEFORE USING	D LIABILITY COMPANY, IF APPLIC G ATTACHMENTS ("X" BOX FOR	ATTACHMENT)	<b>7</b> 46 50		
	INT MODIFICATIONS I	O MANAGERS REQUI	RES FILING OF AMENDMENT, R.1.	G.L. 7-16-12 (a) (2) /	7-16-52		
Manager Name			Manager Name				
Steput Address:	<del></del>						
Street Address			Street Address	Sirce Address			
Citv-	State	Zip	City	State	Zip		
Manager Name		l	Manager Name				
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Street Address			Street Address	Street Address			
<u>_</u>	<del></del>						
City	State	Zip.	City	State	Zip		
8. RESIDENT AGE	I ENT IN RHODE ISLAND	- DO NOT;ALTER - C	hanges require filing of Form 64	2 - R.I.G.L. 7-16-11	<u> </u>		
JEAN FALLAGO, ES	<b>S</b> O						
Address	<u> </u>		City	Zip			
52 CEDAR SWAMP ROAD			'	SMITHFIELD 02917			
				02517			

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	o. 3154	
Ву:	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 hereing the true and correct.

Sequence of Anthorized Person D

PETER CALCAGE 1



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) I. ID No. 2. Exact name of the limited liabilty company 101080 We Dispose, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island ROLL-OFF CONTAINERS FOR HAULING OF WASTE RHODE ISLAND 5. Principal office uddress State 50 CEDAR SWAMP ROAD SMITHFIELD RI 02917 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title PETER CALCAGNI Sircei Address City State Zip 50 CEDAR SWAMP ROAD SMITHFIELD RI 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) 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 Zip City State City State Zip Manager Name Manager Name Street Address ·Street Address City State City Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address JEAN FALLAGO, ESQ. 52 CEDAR SWAMP ROAD Address City Zip SMITHFIELD 02917 This report must be signed in ink by an authorized person pursuant to 7-16-66. Under penalty of perjuty, Laterlare and affirm that I have examined this report, including any accompanying schedules and statements. \*101080 DLLC 11/08/04 11:49:58 AM\* sined herein are true and correct. File Date ,./s/oY 49371 Check No. e of Authorized Person Date Print or Type Name of Authorized Person FOR SECRETARY OF STATE USE ONLY Form 632 Rev. 6/02



#### 🖘 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

2003

1 ID No			ability company					
101080	We Dispose, LLC							
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5. Principal office ad				CPT	State	Zq:		
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5. MAILING ADI	DRESS OF LIMIT	D LIABILIT	Y COMPANY AN	D NAME OR TITLE OF CONTACT F	PERSON:			
Suitact Name				Contact Title				
YETHE-	CACKENI		<u> </u>	MANAGING M	GM BAC			
Street Address	n Swamp	_	<u>-</u>	City	State	Zφ		
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NAME AND A	DDRESS OF EAC	I MANAGEI	R OF THE LIMITI	ED LIABILITY COMPANY, IF APPLI	CABLE			
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Maneg Street Address City Owninger Name Street Address Lity B. RESIDENT AG	State	IONS TO M	Zup	IRES FILING OF AMENDMENT, R.I.  Manager Name  Street Address  City  City  City  Changes require filing of Form 64	State   State	Zφ		

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

* 1 0 1 0 8	Under penalty of per including any accom
File Date 112P (5)	Contained hereus and Authorize
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of

jury. I declare and affirm that I have examined this report, panying schodules and statements, and that all statements,

MCKENI

| Authorized Person



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) L. ID No. 2. Exact name of the limited liability company 101080 We Dispose, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **ROLL-OFF CONTAINERS FOR HAULING OF WASTE** RHODE ISLAND 5. Principal office address Ziρ 52 Cedar Swamp Road Smithfield RI 02917 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title <del>Jean Fallago, Esquire</del> Attorney Street Address State 52 Cedar Swamp Road Smithfield RΙ D2917 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name Peter Calcagni Street Address Street Address Cedar Swamp Road State State Zip Smithfield. RĮ 0.2917. Manager Name Street Address Street Address City State City Zip State Цp 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address JEAN FALLAGO, ESQ. Address Zip **52 CEDAR SWAMP ROAD SMITHFIELD** 02917

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



File Date	11-4.02
Check No	2554
В <u>у:</u>	2
FOR SECRETA	RY 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.

Signgrater of Authorized Person Date

Jean tallago

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	10	1080
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Annual Report for the year 2001

	<u> </u>	Annual Report for the year 2001
1.	. The name of the limited liability company	y is:
	We Dispose, LLC	
2.	The address of the principal office of the	e limited liability company is:  Shithers, RC 02917
3.		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 SMITHFIEL	
5.	The current mailing address of the limite may be directed are:	ed liability company and the name or title of a person to whom communications
		EDAR SWAMP RD SMITHFILLD, RI 02917
7.	state: Roll-664 Containeds  If the limited liability company has managed Name	gers, the name and address of each manager of the limited liability company  Address
	FOR SECRETARY OF STATE USE ONLY of Date:	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 Company
	e Date: 10 - 37 - 67	hegal Roguesintature
Ву:	3.	Form No. 632 Revised 01/99

Filing Fee: \$50.00

# To be filed annually between September 1 and November 1

Revised 01/99



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 <u>DLLC 101080</u>	Annual Report for the year 2000		
1.	The name of the limited liability com	npany is:		
	We Dispose, LLC			
2.	The address of the principal office of	·		
	50 COMM SLAMP MS	Suithfills, R1 02417		
3.				
4.	4. The name and address of its resident agent is: JEAN FALLAGO, ESQ.			
	52 CEDAR SWAMP ROAD SMITH	FIELD RI 02917		
5.	The current mailing address of the li	imited liability company and the name or title of a person to whom communications		
	may be directed are: Percen	CALCAGO		
	50 (	GEBAR SLAMP RO SRITHFILLY RI 02917		
6.	A brief statement of the character	of the business in which the limited liability company is actually engaged in this		
		CONTRINCES FOR HALLING OF WASTE		
7.	If the limited liability company has m Name	anagers, the name and address of each manager of the limited liability company  Address		
Dat	ed16/12/00	_ 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 begose LLC		
		Exact Name of Limited Liability Company		
	OR SECRETARY OF STATE USE ONLY	By Ale Caller 1		
	Date: 10-20-00 k No.: 16e65	Marring Monsan		
		Tide Form No. 632		

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 <u>LL 101080</u>	Annual Report for the year 1999				
1.	The name of the limited liability company	y 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.						
	52 CEDAR SWAMP ROAD SMITHFIELD	D RI 02917				
5.	The current mailing address of the limite	The current mailing address of the limited liability company and the name or title of a person to whom communications				
6.	A brief statement of the character of th	e business in which the limited liability company is actually engaged in this				
7.	If the limited liability company has manag Name	gers, the name and address of each manager of the limited liability company  Address				
Date	ed	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.  Use is a possible of the contained that all statements contained herein are true and correct.				
File I	OR SECRETARY OF STATE USE ONLY Date: 12-13-99  k No.: 1360  AMF	By Schnfallage  Lefal representative  Form No. 632  Revised 01/99				