RI SOS Filing Number: 202186012550 Date: 1/13/2021 4:00:00 PM

State of Rhode Island
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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 JAN 13 A 11:30

1. Entity ID Number	2. Exact name of the Corporation		
000132045	EBO HAULING, INC.		
3. Principal Office Address	**City**	**State**	**Zip**
82 WINSOR AVENUE	JOHNSTON	RI	02919
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
484220	WASTE COLLECTION AND TRANSPORTING OF RECYCLED GOODS		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ERIC B. O'CONNOR			Vice-President Name: ERIC B. O'CONNOR		
Street Address: 82 WINSOR AVENUE			Street Address: 82 WINSOR AVENUE		
City: JOHNSTON	State: RI	Zip: 02919	City: JOHNSTON	State: RI	Zip: 02919
Secretary Name: ERIC B. O'CONNOR			Treasurer Name: ERIC B. O'CONNOR		
Street Address: 82 WINSOR AVENUE			Street Address: 82 WINSOR 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 ☐

Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: N/A			Director Name: N/A		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0	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	Date
ERIC B. O'CONNOR	11/25/2020

Signature of Authorized Representative: Eric B. O'Connor

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 13 2021
BY CL 55GST
11:30

FORM 630 - Revised: 08/2020