RI SOS Filing Number: 202188150250 Date: 1/28/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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

FOR

1. Entity ID Number	2. Exact name of the Corporation		
000102380	E Z WASTE SYSTEMS, INC.		
3. Principal Office Address	City	State	Zip
67 Ledward Avenue	Westerly	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
562111	All aspects of waste handling, disposal, collection, reclamation and collection of recyclables.		
5. State of Incorporation			
Rhode Island			

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

President Name: Christopher Beck			Vice-President Name: Carolyn M. Ellis		
Street Address: 7 Edgewood Avenue			Street Address: 7 Edgewood Avenue		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Secretary Name: Christopher Beck			Treasurer Name: Carolyn M. Ellis		
Street Address: 7 Edgewood Avenue			Street Address: 7 Edgewood Avenue		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
100	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	Date
Christopher Beck	1/14/21

Signature of Authorized Representative: Christopher Beck

FILED KM

JAN 28 2021

BY 18990

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

FORM 630 - Revised: 08/2020