



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2021
Corporation _____

FOR

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|-------------|--|---|------------------|--------------|
| 1. Entity ID Number 000102380 | | 2. Exact name of the Corporation E Z WASTE SYSTEMS, INC. | | | |
| 3. Principal Office Address 67 Ledward Avenue | | | City Westerly | State RI | Zip 02891 |
| 4. NAICS Code 562111 | | 6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 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 Christopher Beck | | | | Date 1/14/21 | |
| Signature of Authorized Representative | | | | 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 28 2021

BY 18990

FORM 630 - Revised: 08/2020