RI SOS Filing Number: 202190387110 Date: 2/5/2021 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

→ Repalty: Additional \$25.00 foo if form is not filed by April 1.

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Penalty: Additional \$29				В	<u></u>			
1. Entity ID Number 38171		2. Exact name of the Corporation Rambone Disposal Services, Inc.						
	Kampone D	isposai Services, Inc	C					
3. Principal Office Address			City		State	Zip		
2153 Plainfield Pike		Johnston		RI	02919			
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
562998	Disposal Se	Disposal Services						
5. State of Incorporation								
RI								
7. List ALL officers (names a	nd addresses)			Chec	ck the box to in	dicate an attachment 🔲		
President Name John A. Rambone Jr.			Vice-President Name Anthony A. Rambone					
Street Address 460 Trimtown Road			Street Address 2153 Plainfield Pike					
^{City} North Scituate	State RI	Z ₁ p ₀₂₈₅₇	City Johnsto	on	State RI	^{Z₁p} 02919		
Secretary Name John A. Rambone Jr.			Treasurer Name John A. Rambone Jr.					
Street Address 460 Trimtown Road		Street Address 460 Trimtown Road						
^{City} North Scituate	Stale RI	Zip ₀₂₈₅₇	City North Scituate		State RI	^{Zip} 02857		
8. List ALL directors (names	and addresses)	1	<u> </u>	Che	ck the box to in-	dicate an attachment		
Director Name John A. Rambo			Director Nan	Anthony A. Ramb	one			
Street Address 460 Trimtown Road		Street Addre	Street Address 2153 Plainfield Pike					
City North Scituate	State RI	^{Zip} 02857	City Johnston		State RI	Z _{IP} 02919		
Director Name			Director Nan		d	- · · · ·		
Street Address			Street Addre	ss				
City	State	Zip	City		State	Zip		
,	10.0.0	1	J,		Cibic	Eib		
9. Shares Authorized		10. Shares Is:				dicate an attachment 🗖		
This information is currently of record in the NUMBER OF Department of State. Changes require an additional filing.		NUMBER OF SHARES		1	CLASS/SERIES PAR VALUE			
		100		COMMON	ı	NO PAR VALUE		
11. This report must be execu	uted on behalf of the	corporation by an	authorized repr	I esentative If the cor	noration is in th	e hands of a receiver or		
trustee, this report must be e	xecuted on behalf of	f the corporation by	the receiver or	trustee.				
Under penalty of perjury, I	declare and affirm	that I have examin	ed this report,	including any acco	ompanying sci	hedules and		
statements, and that all sta Name of Authorized Represe	itements contained Intative	i nerein are true ai	<u>la correct.</u>		Date			
John A. Rambone Jr., President					1	1-20-21		
Signature of Authorized Repr	esentative)					· · · · · · · · · · · · · · · · · · ·		
Sohn a.	Tampue	Le.		_				
MAIL TO:	<u></u>							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov