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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 05 2021
BY 16821

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.

1. Entity ID Number	2. Exact name of the Corporation		
000117135	R & R Disposal Inc.		
3. Principal Office Address	City	State	Zip
9 Larch Street	Smithfield	RI	02917
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
562111	Trash Rolloff - Container Services		
5. State of Incorporation			
RI			

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

President Name	Vice President Name
Donna A Liolos	Robert D Liolos
Street Address	Street Address
520 Shippeetown Rd.	Same
City / State / Zip	City / State / Zip
E Greenwich / RI / 02818	
Secretary Name	Treasurer Name
Same	Same as above.
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Director Name	Director Name
N/A	N/A
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 3000

This information is currently of record in the Department of State. No Par Value
Changes require an additional filing. Common

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	Common	0

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: Donna A Liolos
Date: 2/3/21
Signature of Authorized Representative: Donna A Liolos

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