

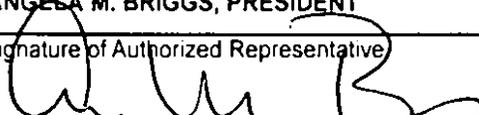


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
FEB 17 2021
STAMP
 BY 5222

1. Entity ID Number 541284		2. Exact name of the Corporation ACE HAULING, INC.			
3. Principal Office Address 800 CARRS POND ROAD		City EAST GREENWICH		State RI	Zip 02818
4. NAICS Code 562111		6. Brief description of the character of business conducted in Rhode Island THE HAULING OF REFUSE AND OTHER MATERIALS.			
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 ANGELA M. BRIGGS		Vice-President Name			
Street Address 800 CARRS POND ROAD		Street Address			
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name ANGELA M. BRIGGS		Treasurer Name ANGELA M. BRIGGS			
Street Address 800 CARRS POND ROAD		Street Address 800 CARRS POND ROAD			
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANGELA M. BRIGGS		Director Name			
Street Address 800 CARRS POND ROAD		Street Address			
City EAST GREENWICH	State RI	Zip 02818	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/SHARES	PAR VALUE
		100	COMMON	NONE	
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 ANGELA M. BRIGGS, PRESIDENT				Date 1/27/2021	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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