

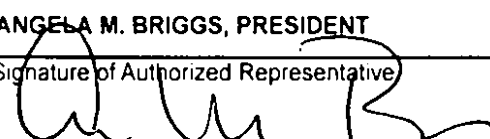


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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**
FOR
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 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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NONE			
NUMBER OF SHARES	CLASS/SERIES	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									