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

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2021 MAY 20 PM 12:50

Annual Report for the year: 2019
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
000796161	VALET WASTE HOLDINGS, INC.

3. Principal Office Address	City	State	Zip
100 S. ASHLEY DRIVE #700	TAMPA	FL	33602

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
562111	DOOR STEP TRASH COLLECTION FOR MULTIFAMILY COMMUNITIES
5. State of Incorporation: DE	

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

President Name	Vice-President Name
P. SHAWN HANDRAHAN	
Street Address: 100 S. ASHLEY DRIVE #700	Street Address:
City: TAMPA, State: FL, Zip: 33602	City: , State: , Zip:
Secretary Name: ISORYS DILONE	Treasurer Name: STEVE DAVIS
Street Address: 100 S. ASHLEY DRIVE #700	Street Address: 100 S. ASHLEY DRIVE #700
City: TAMPA, State: FL, Zip: 33602	City: TAMPA, State: FL, Zip: 33602

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

Director Name	Director Name
P. SHAWN HANDRAHAN	
Street Address: 100 S. ASHLEY DRIVE #700	Street Address:
City: TAMPA, State: FL, Zip: 33602	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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100.00	PWP	0.0100
26,108,00.00	CWP	0.0010

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	Date
P. SHAWN HANDRAHAN	3-25-21

Signature of Authorized Representative: [signature]

FILED 12:51

MAY 20 2021

BY [signature]

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: 10/2017