



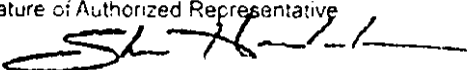
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 20 PM 12:50

1. Entity ID Number 000796161		2. Exact name of the Corporation VALET WASTE HOLDINGS, INC.					
3. Principal Office Address 100 S. ASHLEY DRIVE #700		City TAMPA		State FL	Zip 33602		
4. NAICS Code 562111		6. Brief description of the character of business conducted in Rhode Island 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 <input checked="" type="checkbox"/>							
President Name P. SHAWN HANDRAHAN			Vice-President Name				
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 <input type="checkbox"/>							
Director Name P. SHAWN HANDRAHAN			Director Name				
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 <input type="checkbox"/>							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAYABLE
			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 P. SHAWN HANDRAHAN						Date 3-25-21	
Signature of Authorized Representative 						FILED 12:51	

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

MAY 20 2021

BY **MBGXNTC**

FORM 530 - Revised: 10/2017