



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

Annual Report for the year: 2018
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	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 P. SHAWN HANDRAHAN				Date 3 25 21	
Signature of Authorized Representative 				FILED 12:50	

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 **AGXNTC**