RI SOS Filing Number: 202101918770 Date: 9/20/2021 4:00:00 PM

	State of Rhode Island Department of State - Business Services Division
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Annual Report for the year:
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED	
SEP 2 0 2021	
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Entity ID Number 2. Exact name of the Limited Liability Company								
791535 RIVERPOINT DISPOSAL SERVICES LLC								
3. NAICS Code	Brief description of the character of business conducted in Rhode Island							
562910 ADMINISTRATIVE & SUPPORT & WASTE								
5. State of Formation	MANAGEMENT & REMEDIATION SERVICES							
6. Principal Office Address			City	State	Zip			
POBOX 155			HOPE	RI	09831			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name	LUNES		Contact Title OWNER					
Street Address BOX	155		CityHOPE	State RI	210 O283/			
8. List ALL managers (names ar	nd addresses) of	the Limited Liabil	tity Company, IF APPLICABLE - I	OO NOT LIST ME	MBERS			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	L		Che	eck the box to ind	icate an attachment			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.								
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 Person Date								
GREG NO	INES			9-15-	٥/			
Signature of Authorized Person								
Janes /								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov