



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number 000083703		2. Exact name of the Corporation IZZO DISPOSAL, INC.										
3. Principal Office Address 2141 R PLAINFIELD PIKE		City JOHNSTON	State RI									
		Zip 02919										
4. NAICS Code 562111	6. Brief description of the character of business conducted in Rhode Island TRANSPORTING TRASH											
5. State of Incorporation RHODE ISLAND												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name CARLO IZZO, JR		Vice-President Name CARLO IZZO, JR										
Street Address 2141 R PLAINFIELD PIKE		Street Address 2141 R PLAINFIELD PIKE										
City JOHNSTON	State RI	City JOHNSTON	State RI									
Zip 02919		Zip 02919										
Secretary Name CARLO IZZO, JR		Treasurer Name CARLO IZZO, JR										
Street Address 2141 R PLAINFIELD PIKE		Street Address 2141 R PLAINFIELD PIKE										
City JOHNSTON	State RI	City JOHNSTON	State RI									
Zip 02919		Zip 02919										
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name CARLO IZZO, JR		Director Name										
Street Address 2141 R PLAINFIELD PIKE		Street Address										
City JOHNSTON	State RI	City	State									
Zip 02919		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>2,000</td> <td>CNP</td> <td>\$0.000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2,000	CNP	\$0.000			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
2,000	CNP	\$0.000										
Changes require an additional filing.												
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 CARLO J IZZO		Date 8/11/2021										
Signature of Authorized Representative 												

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

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BY *9NKWP*

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FORM 630 - Revised: 10/2017