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	2. Exact name of the Corporation			
000083703	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	Zip: 02919	City: JOHNSTON	State: RI	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	Zip: 02919	City: JOHNSTON	State: RI	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	Zip: 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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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
	2,000	CNP	$0.000

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
CARLO J IZZO	8/11/2021

Signature of Authorized Representative: Carlo J Izzo

SIGN DOCUMENT HERE

FILED

SEP 30 2021

BY Ch 9NKWP

1:04

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