RI SOS Filing Number: 202107083490 Date: 12/9/2021 1:53:00 PM

State of Rhode Island
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.

1. Entity ID Number	2. Exact name of the Corporation			
148139	**Ocean State Disposal, Inc.**			
3. Principal Office Address		City	State	Zip
23 City View Circle		North Providence	RI	02911
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
562213	Trucking service--waste and refuse collection			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Peter Bottachiari			Vice-President Name:		
Street Address: 23 City View Circle			Street Address:		
City: North Providence	State: RI	Zip: 02911	City:	State:	Zip:
Secretary Name: Peter Bottachiari			Treasurer Name: Peter Bottachiari		
Street Address: 23 City View Circle			Street Address: 23 City View Circle		
City: North Providence	State: RI	Zip: 02911	City: North Providence	State: RI	Zip: 02911

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Peter Bottachiari			Director Name:		
Street Address: 23 City View Circle			Street Address:		
City: North Providence	State: RI	Zip: 02911	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	.0

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
Peter Bottachiari	December 7, 2021

Signature of Authorized Representative: Peter Bottachiari, President

FILED
DEC 9 2021
1:53
BY

2021 DEC 8 PM 1:52 R.I. DEPT OF STATE BUS SVCS DIV

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: 08/2020