RI SOS Filing Number: 202326940110 Date: 1/25/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
JAN 25 2023
BY 1564

1. Entity ID Number	2. Exact name of the Corporation			
000083703	IZZO DISPOSAL INC			
3. Principal Office Address		City	State	Zip
2141 R PLAINFIELD PIKE		JOHNSTON	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
562111	TRANSPORTING TRASH			
5. State of Incorporation				
RHODE ISLAND				

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

President Name			Vice-President Name		
CARLO IZZO			CARLO IZZO		
Street Address			Street Address		
2141 R PLAINFIELD PIKE			2141 R PLAINFIELD PIKE		
City / State / Zip			City / State / Zip		
JOHNSTON	RI	02919	JOHNSTON	RI	02919
Secretary Name			Treasurer Name		
CARLO IZZO			CARLO IZZO		
Street Address			Street Address		
2141 R PLAINFIELD PIKE			2141 R PLAINFIELD PIKE		
City / State / Zip			City / State / Zip		
JOHNSTON	RI	02919	JOHNSTON	RI	02919

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

Director Name			Director Name		
CARLO IZZO					
Street Address			Street Address		
2141 R PLAINFIELD PIKE					
City / State / Zip			City / State / Zip		
JOHNSTON	RI	02919			
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(ES)	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 IZZO	1/11/2023

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

FORM 630 - Revised: 08/2020