



State of Rhode Island

Department of State - Business Services Division

FILED

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.

JAN 25 2023
 BY 15764
 ES

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 <input type="checkbox"/>					
President Name CARLO IZZO			Vice-President Name CARLO IZZO		
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			Treasurer Name CARLO IZZO		
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 <input type="checkbox"/>					
Director Name CARLO IZZO			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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/STYLES
			2,000	CNP	PAR VALUE
					\$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 CARLO IZZO				Date 1/11/2023	
Signature of Authorized Representative 					

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