



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 10 2023

4771

Handwritten initials

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 38171		2. Exact name of the Corporation RAMBONE DISPOSAL SERVICES, INC.			
3. Principal Office Address 2153 Plainfield Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 56298		6. Brief description of the character of business conducted in Rhode Island Disposal Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John A Rambone, Jr			Vice-President Name Anthony A. Rambone		
Street Address 460 Trimtown Road			Street Address 2153 Plainfield Pike		
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
Secretary Name John A. Rambone, Jr			Treasurer Name John A. Rambone, Jr		
Street Address 460 Trimtown Road			Street Address 460 Trimtown Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John A. Rambone, Jr			Director Name Anthony Rambone		
Street Address 460 Trimtown Road			Street Address 2153 Plainfield Pike		
City North Scituate	State RI	Zip 02857	City Johnston	State RI	Zip 02919
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/SERIES	PAR VALUE
			100	Common	no par value
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 John A. Rambone, Jr					Date 2/6/23
Signature of Authorized Representative <i>John A. Rambone, Jr</i>					

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