



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year:

2023

FEB 21 2023

16905

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 14050		2. Exact name of the Corporation NARRAGANSETT RUBBISH REMOVAL INC			
3. Principal Office Address 11 WALTS WAY			City NARRAGANSETT	State RI	Zip 02882
4. NAICS Code 562111		6. Brief description of the character of business conducted in Rhode Island RUBBISH REMOVAL. (SOLID WASTE AND RECYCLING) RESIDENTIAL. COMMERCIAL. CONSTRUCTION. CLEANUPS			
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 GARY A BRIERTY			Vice-President Name PATRICE M BRIERTY		
Street Address 302B CURTIS CORNER ROAD			Street Address 302B CURTIS CORNER ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name PATRICE M BRIERTY			Treasurer Name GARY A BRIERTY		
Street Address 302B CURTIS CORNER ROAD			Street Address 302B CURTIS CORNER ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		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. <b>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.</b>					
Name of Authorized Representative PATRICE M BRIERTY				Date 01-05-2021	
Signature of Authorized Representative 					