



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

FILED STAMP
APR 20 2023
BY *5843*

1. Entity ID Number 113367		2. Exact name of the Corporation EDWARD F. BRIGGS DISPOSAL, INC.			
3. Principal Office Address 800 CARRS POND ROAD			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 562111		6. Brief description of the character of business conducted in Rhode Island THE PICKUP, HAULING AND DISPOSAL OF SOLID WASTE, RUBBISH AND OTHER MATERIALS.			
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 EDWARD F. BRIGGS			Vice-President Name ANGELA M. BRIGGS		
Street Address 800 CARRS POND ROAD			Street Address 800 CARRS POND ROAD		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name ANGELA M. BRIGGS			Treasurer Name EDWARD F. BRIGGS		
Street Address 800 CARRS POND ROAD			Street Address 800 CARRS POND ROAD		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANGELA M. BRIGGS			Director Name EDWARD F. BRIGGS		
Street Address 800 CARRS POND ROAD			Street Address 800 CARRS POND ROAD		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NONE	
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 EDWARD F. BRIGGS, PRESIDENT					Date 4-10-2023
Signature of Authorized Representative <i>Edward F. Briggs</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