RI SOS Filing Number: 202339604890 Date: 7/19/2023 3:23:00 PM

(DG)

State of Rhode Island

Department of State - Business Services Division

Annual	Report	for the	year:	202 2
^	-4:			

Corporation

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

Penalty: Additional \$25.00 fee in forth is not filled by May 51.									
. Entity ID Number 2. Exact name of the Corporation									
000113295	VAN DYK BALER CORP.								
3. Principal Office Address			City	State	State Zip				
360 DR. MARTIN LUTHER KING JR. DRIVE			NORWAL	К	CT		06854		
			<u>i</u>				00004		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
454390	PROVIDE RECYCLING EQUIPMENT TO RHODE ISLAND RESOURCE								
5. State of Incorporation	RECOVERY CORP.								
NY									
President Name		Check the box to indicate an attachment Vice-President Name							
President Name PIETER EENKI		JK	Vice-President Name ERIK EENKEMA VAN DIJK						
Street Address 19 NICKERSON		Street Address 3 LAEN WAY							
^{City} DARIEN	State CT	^{Zip} 06820	City RYE		State NY		^{Zip} 10580		
Secretary Name ERIK EENKEMA VAN DIJK			Treasurer Name ERIK EENKEMA VAN DIJK						
Street Address 3 LAEN WAY			Street Address 3 LAEN WAY						
^{City} RYE	State NY	^{Zip} 10580	City RYE		State NY		^{Zip} 10580		
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name		Director Name PIETER EENKEMA VAN DIJK							
ERIK EENKEMA VAN DIJK									
Street Address 3 LAEN WAY			Street Address 19 NICKERSON LANE						
	State NY	^{Zip} 10580	City DARIE	N	State CT	•	^{Zip} 06820		
Director Name ARNOUD EENKEMA VAN DIJK			Director Name						
Street Address OTTERSINGEL		Street Address							
COLEMBORG	State NLD	Zip	Crly	, · · · · · · · · · · · · · · · · · · ·	State		Zıp		
9. Shares Authorized	10. Shares Issued		Check the box to indicate an attachment						
This information is currently of record in the		NUMBER OF SHARES		CLASSISERES		PAR VALUE			
Department of State.		200		CNP	0				
Changes require an additional filing.		167		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 execute					naniina sa	hodulo	e and		
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						-			
SHIVANI SHROTRIYA			07/13/2	2023					
Signature of Authorized Representative									
SAShibyon, FILED									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 1 9 2023 3: 2-3

