



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation _____

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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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1. Entity ID Number 000113295		2. Exact name of the Corporation VAN DYK BALER CORP.			
3. Principal Office Address 360 DR. MARTIN LUTHER KING JR. DRIVE		City NORWALK		State CT	Zip 06854
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island PROVIDE RECYCLING EQUIPMENT TO RHODE ISLAND RESOURCE RECOVERY CORP.			
5. State of Incorporation NY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PIETER EENKEMA VAN DIJK			Vice-President Name ERIK EENKEMA VAN DIJK		
Street Address 19 NICKERSON LANE			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 <input type="checkbox"/>					
Director Name ERIK EENKEMA VAN DIJK			Director Name PIETER EENKEMA VAN DIJK		
Street Address 3 LAEN WAY			Street Address 19 NICKERSON LANE		
City RYE	State NY	Zip 10580	City DARIEN	State CT	Zip 06820
Director Name ARNOUD EENKEMA VAN DIJK			Director Name		
Street Address OTTERSINGEL 17 4105 VW			Street Address		
City COLEMBORG	State NLD	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
		200		CNP	0
		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 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 SHIVANI SHROTRIYA				Date 07/13/2023	
Signature of Authorized Representative <i>S Shivani Shrotriya</i>				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

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