	Sta	te of Rhode Is	sland	Fee: \$50.00
	Office o	f the Secreta	y of State	
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
1630		(401) 222-304	0	
Limited Liability C	ompany			
Annual Report Filing Period: Februa	rv 1 - May 1			
Thing Terrou. Tebrua				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by				
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>				
1. ID No. 001732720				
2. Exact Name of the Limited Liability Company <u>Healthy Lives Disposal LLC</u>				
3. State of Formati	on			
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>562111</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
SMALL RECYCL	ING BUSINESS THA	FHELPS THE	COMMUNITY	WITH REASONABLE
PRICES.				
5. Principal Office	AUDIESS			
No. and Street:	<u>159 JULIAN ST</u>			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02909</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: JEISI JUAREZ Contact Title:				
No. and Street:	159 JULIAN ST	_		
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02909</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER				
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				

JEISI JUAREZ 159 JULIAN ST PROVIDENCE , RI 02909

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 24 Day of July, 2023 at 11:14:44 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JEISI JUAREZ

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved