



**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.

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

2023 OCT 19 P 3:45

1. Entity ID Number 001697454		2. Exact name of the Corporation Lawrence Waste Services Corporation			
3. Principal Office Address 49 Alder Street			City Medway	State MA	Zip 02053
4. NAICS Code 562111		6. Brief description of the character of business conducted in Rhode Island HAULING TRASH AND RECYCLING			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JAMES LAWRENCE			Vice-President Name KEITH LAWRENCE		
Street Address 154 RHODE ISLAND AVENUE			Street Address 133 WINTHROP STREET		
City NEWPORT	State RI	Zip 02840	City MEDWAY	State MA	Zip 02053
Secretary Name NONE			Treasurer Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
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
		12,000.00	CNP	\$ 0.00000	
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 ALANNA L. WOJDAG				Date 10/19/2023	
Signature of Authorized Representative <i>Alanna L. Wojdag</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

OCT 19 2023 3:46pm

BY LKS ZV5W3