RI SOS Filing Number: 202343439710 Date: 12/18/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
DEC 18 2023
BY

Annual Report for the year: 2024
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
122336	Green Day Environmental Services, Inc.			
3. Principal Office Address		City	State	Zip
431 Greenville Avenue		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541620	Provide consulting services			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael Sukaskas			Vice-President Name: Michael Sukaskas		
Street Address: 431 Greenville Avenue			Street Address: 431 Greenville Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Michael Sukaskas			Treasurer Name: Michael Sukaskas		
Street Address: 431 Greenville Avenue			Street Address: 431 Greenville Avenue		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Michael Sukaskas			Director Name:		
Street Address: 431 Greenville Avenue			Street Address:		
City: Johnston	State: RI	Zip: 02919	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized — 10 Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

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	Date
Michael Sukaskas	12/16/23

Signature of Authorized Representative: Michael Sukaskas

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021