

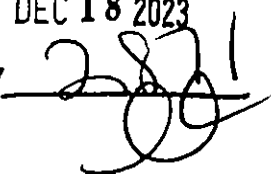


State of Rhode Island

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 122336		2. Exact name of the Corporation Green Day Environmental Services, Inc.												
3. Principal Office Address 431 Greenville Avenue			City Johnston	State RI	Zip 02919									
4. NAICS Code 541620		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐														
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par			
			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 Michael Sukaskas				Date 12/16/23										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov