



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

FEB 08 2024

BY 17850

- 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 14050		2. Exact name of the Corporation NARRAGANSETT RUBBISH REMOVAL INC	
3. Principal Office Address 11 WALTS WAY		City NARRAGANSETT	State RI
		Zip 02882	
4. NAICS Code 562111	6. Brief description of the character of business conducted in Rhode Island RUBBISH REMOVAL: RESIDENTIAL, COMMERCIAL, CONSTRUCTION		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GARY A BRIERTY		Vice-President Name PATRICE M BRIERTY	
Street Address 302 CURTIS CORNER ROAD, UNIT B		Street Address 302 CURTIS CORNER ROAD, UNIT B	
City WAKEFIELD	State RI	Zip 02879	
Secretary Name PATRICE M BRIERTY		Treasurer Name GARY A BRIERTY	
Street Address 302 CURTIS CORNER ROAD, UNIT B		Street Address 302 CURTIS CORNER ROAD, UNIT E	
City WAKEFIELD	State RI	Zip 02879	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES CNP
		PAR VALUE 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 PATRICE M BRIERTY			Date 02/01/2024
Signature of Authorized Representative 			

MAIL TO:
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