



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 15 2024

BY *[Signature]*

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 132872		2. Exact name of the Corporation B.M. Rubbish Services, Inc.			
3. Principal Office Address P.O. Box 814			City North Kingstown	State RI	Zip 02852
4. NAICS Code 562111		6. Brief description of the character of business conducted in Rhode Island To own, operate, and manage a rubbish disposal and waste company.			
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 Blake Macera			Vice-President Name Stephen Macera		
Street Address P.O. Box 814			Street Address P.O. Box 814		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Blake Macera			Treasurer Name Stephen Macera		
Street Address P.O. Box 814			Street Address P.O. Box 814		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			600	Common	None
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 Blake Macera, President					Date 3/12/24
Signature of Authorized Representative <i>[Signature]</i>					

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