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## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 3 0 2024

1211 Cranston Street  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Mario Moretti  Cranston  F  Contact Title  Member		is and other
562998  TO engage in the business of removing and disposite related materials  6. Principal Office Address 1211 Cranston Street  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Mario Moretti  TO engage in the business of removing and disposite related materials  City  Cranston  Formation  Formation  Contact Title  Member  Street Address  City  Signature  Contact Title  Member		is and other
6. Principal Office Address City S 1211 Cranston Street Cranston 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Mario Moretti Member Street Address City Si		
Contact Name Mario Moretti Contact Title Member  Street Address City Si	tate	Z <sub>ip</sub> 02920
Mario Moretti Member  Street Address City Si		
Street Address 1211 Cranston Street  City Cranston		
	RI	<sup>Zip</sup> 02920
The Resident Agent information currently of record with the RI Department of State is accurate. Chan	iges require fi	iling Form 642
9 Under penalty of perjury, I declare and affirm that I have examined this report, including any a statements, and that all statements contained herein are true and correct.	ccompanyin	g schedules and
Name of Authorized Person D.	ale	
Edward Bertrand 4	/24/24	
Signature of Authorized Person		

MAIL TO:

**Division of Business Services** 

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

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