

## State of Rhode Island

## **Department of State - Business Services Division**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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Entity ID Number     2 Exact r	name of the Limited Liability (	Company	1 0			
181705450 On Point Disposal, ac						
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island						
562000 Was	Waste Managnas Trash Removed					
5. State of Formation	/					
6. Principal Office Address	City	_	State	Zip		
578 Stone Churc	hRd T	iverton	RI	02878		
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Title					
Jacquelyn Comes	>	Owner		·		
Street Address 578 Stone Cheurch	Rd City	Tiverton	State	028 78		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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 Person  Jacquelyn Go	omes		Date 8-2	2-24		
Signature of Authorized Person	unes			_		
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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 10:58 AM

**FILED** 

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