State of Rhode Island
Department of State - Business Services Division

FILED
FEB 05 2025
BY 8775
PMA.

Annual Report for the year: 2025
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	2. Exact name of the Corporation			
09566	Lavoie & Son Industrial Waste Removal, Inc.			
3. Principal Office Address		City	State	Zip
41 Diane Drive		Coventry	RI	02816
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
562111	Waste Removal			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Joseph E. Lavoie			Vice-President Name	Donna M. Lavoie		
Street Address	41 Diane Drive			Street Address	41 Diane Drive		
City	Rhode Island	State	Zip 02816	City	Rhode Island	State	Zip 02816
Secretary Name	Donna M. Lavoie			Treasurer Name	Joseph E. Lavoe		
Street Address	41 Diane Drive			Street Address	41 Diane Drive		
City	Rhode Island	State	Zip 02816	City	Rhode Island	State	Zip 02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Joseph E. Lavoie			Director Name	Donna M. Lavoie		
Street Address	41 Diane Drive			Street Address	41 Diane Drive		
City	Rhode Island	State	Zip 02816	City	Rhode Island	State	Zip 02816
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	No par value

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: Joseph E. Lavoie

Date: 1-23-25

Signature of Authorized Representative: Joseph E. L

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023