



State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 06 2025

BY 12157

AA

1. Entity ID Number 113313		2. Exact name of the Corporation GLADU DISPOSAL & SELF STORAGE INC.												
3. Principal Office Address 25 COVE ROAD			City HARRISVILLE	State RI	Zip 02830									
4. NAICS Code 562000		6. Brief description of the character of business conducted in Rhode Island PROVIDES DUMPSTER SERVICES TO THE GENERAL PUBLIC												
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 DENNIS GLADU			Vice-President Name DAVID GLADU											
Street Address 25 COVE ROAD			Street Address 25 COVE ROAD											
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;">300</td> <td style="text-align:center;">COMMON</td> <td style="text-align:center;">NO PAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	COMMON	NO PAR			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		300	COMMON	NO PAR										
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 DENNIS GLADU					Date 2/1/25									
Signature of Authorized Representative <i>Dennis Gladu</i>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov