

Amended

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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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 000788763		2. Exact name of the Corporation Capalbo's Waste Service, Inc.			
3. Principal Office Address 235 Westerly Bradford Road			City Westerly	State RI	Zip 02891
4. NAICS Code 423930		6. Brief description of the character of business conducted in Rhode Island Recycling of waste products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Capalbo			Vice-President Name Linda Capalbo		
Street Address 235 Westerly Bradford Road			Street Address 235 Westerly Bradford Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Linda Capalbo			Treasurer Name Joseph Capalbo, Jr.		
Street Address 235 Westerly Bradford Road			Street Address 235 Westerly Bradford Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Capalbo			Director Name Linda Capalbo		
Street Address 235 Westerly Bradford Road			Street Address 235 Westerly Bradford Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Joseph Capalbo, Jr.			Director Name		
Street Address 235 Westerly Bradford Road			Street Address		
City Westerly	State RI	Zip 02891	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		CLASS/SERIES	
		PAR VALUE			
		500		0.01	
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. <i>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.</i>					
Name of Authorized Representative Linda Capalbo, Secretary					Date 3/16/23
Signature of Authorized Representative <i>Linda Capalbo</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

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State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 16, 2023 02:48 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

