RI SOS Filing Number: 202449021530 Date: 3/13/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division				MAR 1 3 2024			
Annual Report for the ye			BY	$\sum_{i} i $			
Corporation → Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 for	_			<i>Q1</i>			
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 5. State of Incorporation RI	6 Brief description of the character of business conducted in Rhode Island Recycling of waste products						
7. List ALL officers (names and add	Check the box to indicate an attachment Vice-President Name						
Prosident Name Joseph Capalbo			Linda Capalbo				
Street Address 235 Westerly Bradford Road			Street Address 235 Westerly Bradford Road				
^{City} Westerly	State RI	^{Zıp} 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	^{Zıp} 02891	City Westerly		State RI	^{Zip} 02891	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment				
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	Ζιρ	
Shares Authorized This information is currently of record in the Department of State. Changes require an additional filling.		10. Shares Issu NUMBER OF		Check ti CLASS/SERIES	he box to indic	ate an atlachment 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 contained herein are true and correct.							
Name of Authorized Representative Linda Capallo, Vice President 318124							
Sgnature of Authorized Representa	paOl	20, Yu	ce Pro	vigout			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.r.gov **FILED**