

RECEIPT

DATE

3/18/26

No.

932507

RECEIVED FROM

Rivone Enterprise LLC

\$ 350.00

Three hundred fifty and $\frac{00}{100}$

DOLLARS

 FOR RENT FOR

New DE-HW-0673

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

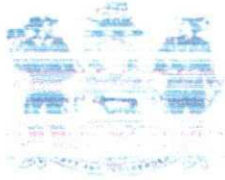
FROM

6072103029

TO

BY

M.M.



RECEIVED

MAR 18 2026

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

Language Preference:

HAZARDOUS WASTE TRANSPORTER PERMIT APPLICATION

Instructions: You must complete this application in its entirety and attach all applicable documentation.

(**Note:** For applicants renewing an existing permit, this application requires the submission of updated information and documentation.)

The application must be signed by the company owner or a corporate officer. A check payable to the "State of Delaware" must accompany this application.

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- New – Submit a check or money order, payable to the "State of Delaware," in the amount of \$350.00.
- Renewal: Permit # DE-HW- _____ Expiration Date _____

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

2. Release to Public:

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted hazardous waste transporters? Yes No

3. Company Information:

Company Name: RIRONE ENTERPRISE LLC

Location Address:	Mailing Address:
<u>971 US HIGHWAY 202 STE R</u>	<u>971 US HIGHWAY 202 STE R</u>
<u>BRANCHBURG, NEW JERSEY 08876</u>	<u>BRANCHBURG, NEW JERSEY 08876</u>

Contact Person: RISHAB SHARMA Title: PRESIDENT

Business Phone: 302-607-8896 Fax: _____

E-mail: GREENRIRo@Gmail.com 24 hr. Emergency Phone: _____

EPA Identification Number: NJR000101170

Employer's Federal Tax ID Number: 41-3185731

4. Type of Company: (Check One)

- Proprietorship
- Partnership
- Corporation – City, State and Date of Incorporation: BRANCHBURG, NEW JERSEY, 12-19-2005
- Municipality
- Public Institution
- Other – Explanation: _____


5. Parent Company Information:

Parent Company Name: _____

Parent Company Address: _____

6. Ownership/Stockholder Information:

For each owner, partner, or corporate officer, list the name, title, home address, and date of birth.

List of owners, partners, or corporate officers: Attachment RISHAB SHARMA, PRESIDENT, 

List the name and address of all stockholders owning greater than 5% outstanding shares.

List of stockholders: Attachment _____

Not Applicable

7. Company Affiliations:

List all other companies owned by the same owners, corporate officers, or parent company that are engaged in the business of solid or hazardous waste transportation, treatment, storage, disposal, recovery, or reclamation.

- List of company affiliates: Attachment _____
- No company affiliates

8. Type of Hazardous Waste to be Transported:

Indicate the waste types to be transported. (Note: Characteristic and listed hazardous wastes identified in Delaware's *Regulations Governing Hazardous Waste* (DRGHW) Part 261 are equivalent to RCRA 40 CFR Part 261 wastes.) Check all that apply.

- Part 261 characteristic or listed hazardous wastes
- Used or waste oils (as defined by Part 279, Used Oil Management Standards)
- Spent antifreeze exhibiting a characteristic of hazardous waste
- PCB-contaminated hazardous waste
- Spent fluorescent lighting tubes and ballasts when managed as non-universal waste

9. Treatment, Storage, and Disposal Facilities:

List all treatment, storage, and disposal facilities that have agreed to accept the hazardous wastes identified above.

- List of treatment, storage, and disposal facilities: Attachment FULL Circle Manufacturing Group LLC (NY)
Block 4, Lot 39 and 1447 City of Elizabeth, Union County NJ 07202. Facility id: 568997, Approval no: CDU 230002

10. Other Transporter Permits:

List all hazardous waste transporter permits held in other states.

- List of transporter permits: Attachment _____
- No hazardous waste transporter permits held in other states

11. Federal DOT and Motor Carrier Numbers:

Indicate your Federal DOT number and Motor Carrier number:

DOT# 4525100 MC# 1793465

12. Proof of Insurance:

The transporter identified in this application must meet or exceed minimum insurance requirements as set forth in DOT Title 49 CFR Part 387. The DNREC Compliance and Permitting Section must be identified as the certificate holder. Also include a current MCS-90 endorsement or affirmation that the endorsement is still in effect.

- Certificate of insurance and MCS-90: Attachment _____

13. Spill Control and Safety Equipment:

List all spill control and safety equipment that will be carried on each vehicle.

List of spill control and safety equipment: Attachment _____

14. Spill Control Plan:

Attach a copy of the Spill Control Plan that describes prevention, containment, and clean up procedures during transportation. The plan must demonstrate compliance with the requirements outlined in DRGHW Sections 263.30, 263.31, and 263.105. **Spill Control Plans must contain the following Delaware Emergency Reporting Telephone Numbers: 1-800-662-8802 and 302-739-9401.**

Spill Control Plan: Attachment _____

15. Driver Training:

Attach a copy of your driver training program. All drivers must be trained in current DOT Motor Carrier Safety Regulations and have knowledge of the proper handling procedures for the type of waste transported, the hazardous waste manifest system, and safe vehicle operation as provided in 49 CFR Parts 383, 390 – 399, and DRGHW Section 263.104. All drivers must be familiar with the approved Spill Control Plan.

Driver Training Program: Attachment _____

16. Controlled Substance Testing:

Do you maintain a controlled substance testing program for drivers in your employment (including contract drivers) in compliance with Federal DOT 49 CFR Part 391?

Yes

No, Explain:

17. Vehicle Identification Information:

List all vehicles to be used for the transportation of hazardous waste into, out of, or through Delaware. You may use the form provided or another printout that contains all required information.

Vehicle Identification Information: Attachment _____

18. Environmental Record:

List all criminal citations, arrests or convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant or any partner, officer, or director of the applicant as an individual or for any other former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of application.

- Environmental Record: Attachment _____
 Not Applicable – No violations within the specified time period

19. Signature:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments, and that upon personal knowledge and information, the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.



Signature of legal owner or corporate officer

RISHAB SHARMA
Printed Name

March/06/2026
Date

PRESIDENT
Title

13. Spill Control and Safety Equipment:

1 .Absorbent pads and rolls

- Absorbent booms/socks
- Granular absorbent (e.g., Oil-Dry)
- Drain covers or storm drain plugs
- Overpack drums (20–55 gallon)
- Leak-proof salvage containers
- Drip pans

2. Cleanup Tools

- Non-sparking shovel
- Broom and dustpan
- Scrapers
- Buckets
- Hand tools (wrenches, pliers)
- Flashlight or headlamp

3. Personal Protective Equipment (PPE)

- Chemical-resistant gloves
- Safety goggles or face shield
- Tyvek or chemical-resistant suits
- Steel-toe boots
- High-visibility vest
- Respirator (if required for waste type)

4. Emergency & Safety Equipment

- Class ABC fire extinguisher
- First-aid kit

- Portable eye-wash bottle
- DOT-approved warning triangles or reflective cones
- Emergency Response Guidebook (ERG)
- Company communication device (cell phone or radio)

14. Spill Control Plan:

1. Immediate Safety Actions

- Stop the vehicle, secure the area, and assess the situation from a safe distance.
- Shut off the engine and eliminate ignition sources.
- Put on appropriate PPE before approaching the spill.
- Determine if there are injuries and call 911 if needed.

2. Spill Containment Procedures

- Use absorbent pads, booms, granular absorbent, and drain covers to contain the spill and prevent migration to soil, waterways, or storm drains.
- Place drip pans or overpack drums under leaking containers when safe.
- Stabilize or upright damaged containers to prevent further release.

3. Notification and Reporting

- Contact the company's 24-hour emergency coordinator immediately.
- Notify local emergency responders if the spill poses a threat to public health or the environment.
- Report the incident to DNREC and other regulatory agencies as required by state and federal regulations.
- Document the time, location, material involved, estimated quantity, and actions taken.

4. Cleanup and Waste Management

- Recover spilled material using absorbents and cleanup tools.

- Delaware Department of Natural Resources and environmental. 1-800-622-8802/302-739-9401.
- US Coast Guard/NRC 1-800-424-8802
- National Response Center 1-800-424-8802
- Place contaminated absorbents, soil, PPE, and debris into properly labeled containers.
- Transport recovered waste to an approved hazardous waste facility.
- Decontaminate tools and equipment after use.

5. Training and Plan Maintenance

- All drivers receive annual spill-response training, including proper use of spill kits and PPE.
- Spill kits are inspected before each trip and restocked as needed.
- The Spill Control Plan is reviewed annually and updated to reflect regulatory or operational changes.

15. Driver Training :

Driver Training Program Matrix

Pre Employment

Driver License Review

*Verify type and violation record

*Test drive with RIRO employee

New Employment Orientation

*Review of section 19 of the RIRO Employee Manuel

*Forms Review-Accident Reports, Incident/Injury Report, DOT Inspection & Traffic Enforcement stop and safety watch

Monthly Training

- *Motor Vehicle accident review
- *Driving Distractions
- *Others training as required

Annual Training

- *Vehicle Pre-Trip Inspection
- *Defensive Driving
- *Simulated Accident
- *Dot Emergency Response Guidebook
- *Manifesting/Paperwork

16. Controlled Substance Testing

- *Pre- Employment Drug Test
- *Random Drug Test
- *Post Accident Driver must take Drug test same day/within 24 Hours

17. Vehicle Identification information

Number	Make	Model	Year	Type	Vin	State	GW
1	FRHT		2015	Truck	1FVACXDT3FHGS9116	NJ	50,00

Emergency Response Numbers

EPA Emergency Response number 1800-424-8802

Delaware Dept of Natural Resources and Environment Control.... 1800-622-8802/302-739-9401

RIRONE ENTERPRISE (AFTER HOURS) 302-607-8896

For FMCSA Use Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Financial Responsibility Filings Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability
 under Sections 29 and 30 of the Motor Carrier Act of 1980**

FORM MCS-90

Issued to Rirone Enterprise LLC of NJ 4525100
 (Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 05:59 PM on this 25th day of February, 2026

Amending Policy Number: CA 870216490 Effective Date: 02/25/2026

Name of Insurance Company: Drive New Jersey Insurance Company

Countersigned by: *Houch*
 (authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$750,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-800-444-4487.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <https://www.fmcsa.dot.gov/registration>.

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

SCHEDULE OF LIMITS — PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to

Regarding FOIA Requests

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.

Davis, DaQuan (DNREC)

From: GreenRI DOVER DE <greenriro@gmail.com>
Sent: Wednesday, May 20, 2026 3:59 PM
To: WHStranporters
Subject: Re: Delaware Hazardous Waste Transporter Permit Application
Attachments: Signed-Progressive-870216490.pdf; RIRONE-870216490_Insurance-ID_Mar26_2026.pdf; DNEC-RironeMay26.pdf; L505AA-Registration.pdf

Hi Sir,

Greetings of the day; please find attached:

1. The Insurance Card and signed copy with details issued by Progressive for the tanker has insurance from both companies, GreenRI and RIRONE both;
2. Lease document and Registration certificate with details of both organizations;
3. Commercial Auto endorsed with DNEC;

Thanking you in anticipation.

Regards,

TEAM @ GreenRI
Phone: +1 (302) 607-8896
Desk: +1 (302) 446-4151
Email: oil@greenrisol.com / greenriro@gmail.com

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On Thu, May 14, 2026 at 1:43 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

I need the following information:

- The vehicle insurance must be from Rirone Enterprise LLC in the form of a certificate of insurance, not a declarations Page. Also, please have DNREC-89 Kings Hwy, Dover, DE 19901 as the certificate holder.
- I need a vehicle lease agreement from Greenri Industries LLC to Rirone Enterprise LLC.

Thank you,



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

📞 302-739-9403

✉️ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: GreenRI DOVER DE <greenriro@gmail.com>
Sent: Wednesday, May 13, 2026 5:01 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Hazardous Waste Transporter Permit Application

Hi Sir,

Greetings of the day;

Please find attached insurance of the truck from both companies; also lease agreement from both offices for your reference.

We have multiple businesses and, administrative office for all at same place: 3313, S-Clinton Avenue, South Plainfield, NJ 07080

 Executed-Lease-GreenRI-SPlainfield.pdf

Thanking you in anticipation and looking forward to hearing from you.

Regards,

TEAM @ GreenRI

Phone: +1 (302) 607-8896

Desk: +1 (302) 446-4151

Email: oil@greenrisol.com / greenriro@gmail.com

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On Wed, May 13, 2026 at 11:38 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

I will need the lease agreement. Also, I will need the Certificate of Insurance to have the auto liability insurance on it. We need proof that your vehicle has insurance.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHSttransporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: GreenRI DOVER DE <greenriro@gmail.com>

Sent: Monday, May 11, 2026 10:45 PM

To: WHSttransporters <WHSttransporters@delaware.gov>

Subject: Re: Delaware Hazardous Waste Transporter Permit Application

Hi Sir,

Please find attached;

1. The vehicle license plate number L505AA attached for your reference; owner "GreenRI Industries LLC, Leased to "RIRONE Enterprise LLC", certificate and plate attached for your records.
2. Copy of Liability Insurance with "DNREC 89 Kings Hwy, Dover, DE 19904" as certificate holder.

Thanking you in advance.

Regards,

TEAM @ GreenRI

Phone: +1 (302) 607-8896

Desk: +1 (302) 446-4151

Email: oil@greenrisol.com / greenriro@gmail.com

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On Mon, May 4, 2026 at 9:13 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Thank you for your response. I will await your Certificate of Insurance and vehicle registration.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: GreenRI DOVER DE <greenriro@gmail.com>

Sent: Saturday, May 2, 2026 11:34 AM

To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: Re: Delaware Hazardous Waste Transporter Permit Application

Dear Sir,

Thanks for your following email and request of information, following is the information you have asked for.

- **Section 5-** Please provide the parent company name, address, and ownership percentage.

Answer: **Company Name: RIRONE Enterprise LLC**, it's owned by "**RISHAB SHARMA 100%**" it has no other parent company as owner of the company and EIN Copy of Federal registration and NJ State company registration for your records.

- **Section 6-** Your ownership is missing the ownership percentage and preferred mailing address of legal corporate officers/owners. Please update your ownership information and return it.

Answer: Sir, all is same as mentioned in response of Section-5 above.

- **Section 10-** Do you have any other state hazardous waste permits?

Answer: Yes, please find attached the Copy of PA-DEP registration DECALS.

- **Section 12-** Please provide a certificate of insurance with DNREC 89 Kings Hwy, Dover, DE 19904.

Answer: Have asked our Insurance agent to do it, expected to receive it on Monday, May 04, 2026. Will share as soon as received.

- **Section 17-** Please provide the vehicle license plate and the owner's name.

Answer: Sir, new truck is in process of registration and will share the plate details as soon as registered, expect to be done in next 2 weeks time.

Thanking you in anticipation of support and, will be happy to answer any more question or information you may need.

Regards,

TEAM @ GreenRI

Phone: +1 (302) 607-8896

Desk: +1 (302) 446-4151

Email: oil@greenrisol.com / greenriro@gmail.com

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On Tue, Apr 28, 2026 at 11:29 AM Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> wrote:

Hello,

Thank you for submitting your application to obtain your Delaware hazardous waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 5-** Please provide the parent company name, address, and ownership percentage.
- **Section 6-** Your ownership is missing the ownership percentage and preferred mailing address of legal corporate officers/owners. Please update your ownership information and return it.
- **Section 10-** Do you have any other state hazardous waste permits?
- **Section 12-** Please provide a certificate of insurance with DNREC 89 Kings Hwy, Dover, DE 19904.
- **Section 17-** Please provide the vehicle license plate and the owner's name.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHSttransporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters
Sent: Tuesday, April 14, 2026 9:47 AM
To: greenriro@gmail.com
Subject: RE: Delaware Hazardous Waste Transporter Permit Application

Hello,

Thank you for submitting your application to obtain your Delaware hazardous waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 5-** Please provide the parent company name, address, and ownership percentage.
- **Section 6-** Your ownership is missing the ownership percentage and preferred mailing address of legal corporate officers/owners. Please update your ownership information and return it.
- **Section 10-** Do you have any other state hazardous waste permits?
- **Section 12-** Please provide a certificate of insurance with DNREC 89 Kings Hwy, Dover, DE 19904.
- **Section 17-** Please provide the vehicle license plate and the owner's name.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters
Sent: Monday, March 23, 2026 4:19 PM
To: 'greeniro@gmail.com' <greeniro@gmail.com>
Subject: Delaware Hazardous Waste Transporter Permit Application

Hello,

Thank you for submitting your application to obtain your Delaware hazardous waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 5-** Please provide the parent company name, address, and ownership percentage.
- **Section 6-** Your ownership is missing the ownership percentage and preferred mailing address of legal corporate officers/owners. Please update your ownership information and return it.
- **Section 10-** Do you have any other state hazardous waste permits?
- **Section 12-** Please provide a certificate of insurance with DNREC 89 Kings Hwy, Dover, DE 19904.
- **Section 17-** Please provide the vehicle license plate and the owner's name.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov







ADDITIONAL REMARKS SCHEDULE

AGENCY DINESH BEHAL		NAMED INSURED Rirone Enterprise LLC 3313 S CLINTON AVE SOUTH PLAINFIELD, NJ 07080	
POLICY NUMBER 870216490		EFFECTIVE DATE: 02/25/2026	
CARRIER Drive New Jersey Insurance Company	NAIC CODE 11410		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$10,000 w/\$1,000 Ded
Uninsured/Underinsured BI	\$100,000 Combined Single Limit
Uninsured/Underinsured PD	(included in combined single limit w/\$500 Ded)

Description of Location/Vehicles/Special Items

Scheduled autos only

2015 FREIGHTLINER M2 1FVACXDT3FHGS9116		Stated Amount	\$41,000
Comprehensive	\$2,000 Ded		
Collision	\$2,000 Ded		
Rental Reimbursement	\$150 Per Day (\$4,500 Max)		
Roadside Assistance	Selected w/\$250 Ded		
2030 Non-owned Attached Trailer			

EXPIRES: 05/31/2027

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

L505AA

UNIT NO. 01	YEAR 2015	MAKE FRE	ACCOUNT NUMBER NJ-83044	NJ 033000	AL 033000	AR 033000	AZ 033000
VEHICLE IDENTIFICATION NUMBER 1FVACXDT3FHGS9116				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 033000
TYPE TT	AXLES 2	GROSS WEIGHT 33000	FUEL D	REGISTRATION DATE 05/06/2026	CO 033000	CT 033000	DC 033000
DESCRIPTION COMMERCIAL TRACTOR		TRANS ID # IU202783044001000		DE 033000	FL 033000	GA 033000	IA 033000
OWNER GREENRI INDUSTRIES LLC				ID 033000	IL 033000	IN 033000	KS 033000
REGISTRANT GREENRI INDUSTRIES LLC 947 AMBOY AVE EDISON, NJ 08837				KY 033000	LA 033000	MA 033000	MD 033000
				ME 033000	MI 033000	MN 033000	MO 033000
				MS 033000	MT 033000	NC 033000	ND 033000
				NE 033000	NH 033000	NM 033000	NV 033000
				NY 033000	OH 033000	OK 033000	OR 033000
				PA 033000	RI 033000	SC 033000	SD 033000
				TN 033000	TX 033000	UT 033000	VA 033000
				VT 033000	WA 033000	WI 033000	WV 033000
				WY 033000	AB 014966	BC 014966	MB 014966
				NB 014966	NL 014966	NS 014966	ON 014966
				PE 014966	QC 05 AXL	SK 014966	** *****
				** *****	** *****	** *****	** *****
				** *****	** *****	** *****	** *****

THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

000008138

Motor Carrier Responsible for Safety
USDOT Number: 4525100
RIRONE ENTERPRISE LLC
3313 S CLINTON AVE
SOUTH PLAINFIELD, NJ 07080-1303



This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants **registration reciprocity** with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 133, Trenton, NJ 08666-0133, within thirty(30) days.

Remember: Compulsory vehicle insurance is the law in New Jersey.



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator



CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
RIRONE ENTERPRISE LLC
3313 S CLINTON AVE
SOUTH PLAINFIELD, NJ 07080
1b. Business Telephone Number of Insured
(302) 607-8896
1c. Federal Employer Identification Number of Insured or Social Security Number
413185731
2. Name and Address of Entity Requesting Proof of Coverage
(NYSDEC (NEW YORK STATE DEPT OF ENVIRONMENTAL CONSERVATION)
625 BROADWAY, 9TH FLOOR
ALBANY, NY 12233
3a. Name of Insurance Carrier
New York State Insurance Fund (NYSIF)
3b. Policy Number of Entity Listed in Box "1a"
DBL 8290 26 - 5
3c. Policy effective period
03/25/2026 to 03/25/2027

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits
[] B. Disability benefits only
[] C. Paid family leave benefits only
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 5/20/2026 By Kristin Markwica
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332 Name and Title Kristin Markwica, Head of Disability Insurance Unit

IMPORTANT: If Box 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed By
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
REG-1, Business Taxes Registration Application

BusRegPrint

Rev. 12/22

CT Tax Registration No. 112384839000

Date Issued: May 07, 2026

GREENRI INDUSTRIES LLC
947 AMBOY AVE
EDISON, NJ 08837-2817

BusRegPrint

Highway Use Fee Permit

The Department of Revenue Services (DRS) hereby approves your application to register for the Highway Use Fee. Accordingly, and consistent with this approval, please find below your Highway Use Fee Permit.

In accordance with Connecticut law, you must place a copy of your permit in each vehicle that you operate or caused to be operated in the State of Connecticut on or after the effective date of said permit. Your permit is not assignable.

To the extent you have questions regarding your permit or the Highway Use Fee, please visit portal.ct.gov/DRS or call the DRS' dedicated Highway Use Fee line at **860-297-5677**, Monday through Friday, between 8:30AM and 4:30PM.

Cut here

Cut here

**A COPY OF THIS LICENSE MUST BE PLACED IN EACH ELIGIBLE MOTOR VEHICLE OPERATED
OR CAUSED TO BE OPERATED IN CONNECTICUT BY THE CARRIER NAMED ON THE PERMIT**



Department of Revenue Services
450 Columbus Blvd. Suite 1
Hartford, CT 06103
BusRegPrint (Rev. 12/22)

CONNECTICUT HIGHWAY USE FEE

State of Connecticut
Department of Revenue Services
450 Columbus Blvd. Suite 1
Hartford, CT 06103

**HIGHWAY USE FEE PERMIT
NOT TRANSFERABLE**

GREENRI INDUSTRIES LLC
947 AMBOY AVE
EDISON, NJ 08837-2817

CT Tax Registration No.
112384839000

RIRONE ENTERPRISE LLC

3313 S CLINTON AVE
SOUTH PLAINFIELD NJ 07080
TEL: 302-607-8896
DOT#: 4525100
MC#: 1793465

LEASE AGREEMENT

This agreement is made this 4 May of 2026, RIRONE ENTERPRISE LLC DOT #4525100, hereafter referred to as the "Lessor" GREENRI INDUSTRIES LLC located 947 AMBOY AVE EDISON NJ 08837 hereafter referred to as the "Lessee".

The Company agrees to assume possession of the vehicles listed on this agreement for its exclusive use and control.

The Company shall provide all identification required by the Interstate Commerce Commission, the US Department of Transportation, and any other governmental agencies to be affixed to the vehicle, and the Lessor agrees that such identification shall be removed and returned to the company upon termination of this agreement.

Pursuant to rules and regulations on the Interstate Commerce Commission and the US Department of Transportation, the Company agrees to furnish and pay the cost of all public liability, property damage and cargo insurance on the vehicle, while the vehicle is operated in the service of the Company.

The Lessor recognizes the Company's business of providing motor carrier transportation services to the public is subject to regulation by the Interstate Commerce Commission, the US Department of Transportation, and by various state and local government agencies. Therefor, the Lessor agrees to the following:

- A. Maintain the vehicle in the state of repair required by all applicable regulations.
- B. Operate the vehicle in accordance with all applicable regulations.
- C. All drivers that operate the vehicle are qualified under all applicable regulations and are subject to be tested for drugs and alcohol as established by the applicable rules and regulations.
- D. Furnishing the company with all logs, vehicle inspection reports and such other documents as required by all applicable regulations.
- E. Notify the company immediately of any accident that occurs while the vehicle is being operated for the company, regardless of the extent thereof.

The Lessor may not maintain or enter into any contract or exclusive agreement with any other carrier or forwarder for the use of the vehicle while this agreement is in force.

The Lessor agrees that there will be no unauthorized personnel in the vehicle while in the actual use of the Company.

In consideration of the full and proper performance of services rendered under the terms of this agreement the Company agrees to pay the contractor ____ % of revenue.

This agreement will continue in effect until cancelled by either party with two weeks written notice to the other party or by the company for proper cause.

VEHICLE INFORMATION

Year:	Make:	VIN:	STATE:	PLATES:
2015	FRHT	1FVACXDT3FHGS9116	NJ	L505AA

SIGNATURE OF LESSOR  DATE 05/06/2026
RIRONE ENTERPRISE LLC

SIGNATURE OF LESSEE  DATE 05/06/2026
GREENRI INDUSTRIES LLC



New Jersey IFTA License
New Jersey Motor Carrier Vehicle Commission
Motor Carrier Services IFTA
120 South Stockton Street, P.O. Box 133
Trenton, New Jersey 08666-0133

IFTA ACCOUNT	USDOT	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
NJ33133146301		05/06/2026	05/06/2026	12/31/2026

LICENSEE: GREENRI INDUSTRIES LLC
DBA:
947 AMBOY AVE
EDISON, NJ 08837

This card has been assigned to the motor fuels licensee named to operate vehicles in accordance with the provisions of the International Fuel Tax Agreement Act.

DECAL: FROM 0072351 TO 0072351

This original or a photocopy must be carried in each vehicle at all times and must be exhibited upon demand to any authorized law enforcement officer. In addition, decals must be affixed to each vehicle.

EXPIRES: 05/31/2027

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER: L505AA

UNIT NO. 01	YEAR 2015	MAKE FRE	ACCOUNT NUMBER NJ-83044	NJ 033000	AL 033000	AR 033000	AZ 033000
VEHICLE IDENTIFICATION NUMBER 1FVACXDT3FHGS9116				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 033000
TYPE TT	AXLES 2	GROSS WEIGHT 33000	FUEL D	REGISTRATION DATE 05/06/2026	CO 033000	CT 033000	DC 033000
		DESCRIPTION COMMERCIAL TRACTOR	TRANS ID # IU202783044001000		DE 033000	FL 033000	GA 033000
OWNER GREENRI INDUSTRIES LLC				IL 033000	IN 033000	IA 033000	KS 033000
REGISTRANT GREENRI INDUSTRIES LLC 947 AMBOY AVE EDISON, NJ 08837				KY 033000	LA 033000	MA 033000	MD 033000
				ME 033000	MI 033000	MN 033000	MO 033000
				MS 033000	MT 033000	NC 033000	ND 033000
				NE 033000	NH 033000	NM 033000	NV 033000
				NY 033000	OH 033000	OK 033000	OR 033000
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				VT 033000	WA 033000	WI 033000	WV 033000
				WY 033000	AB 014966	BC 014966	MB 014966
				NB 014966	NL 014966	NS 014966	DN 014966
				PE 014966	QC 05 AXL	SK 014966	** *****
				** *****	** *****	** *****	** *****
				** *****	** *****	** *****	** *****
THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.							

000008138

Motor Carrier Responsible for Safety
USDOT Number: 4525100
RIRONE ENTERPRISE LLC
3313 S CLINTON AVE
SOUTH PLAINFIELD, NJ 07080-1303



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Remember: Compulsory vehicle insurance is the law in New Jersey.



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/07/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Daven Agency, Inc 266 Route 34 Matawan NJ 07747		CONTACT NAME: Maryann Keough PHONE (A/C, No, Ext): (732) 566-2000 E-MAIL ADDRESS: Maryannk@davenagency.com FAX (A/C, No): (732) 566-0060	
INSURED Rirone Enterprise LLC 3313 South Clinton Ave South Plainfield NJ 07080		INSURER(S) AFFORDING COVERAGE INSURER A: Farmers Ins Co of Flemington INSURER B: Liberty Mutual INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 26-27 GL & WC **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPP800003356	03/14/2026	03/14/2027	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 0	
	OTHER:						GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 0	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$	
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR						AGGREGATE \$	
	EXCESS LIAB						\$	
	<input type="checkbox"/> CLAIMS-MADE						\$	
	DED						\$	
	RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC533SB2790C016	03/15/2026	03/15/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000	
							E.L. DISEASE - POLICY LIMIT \$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Location: 971 US HIGHWAY 202N STE R BRANCBURG, NEW JERSEY 08876

CERTIFICATE HOLDER

CANCELLATION

DNREC 89 Kings Hwy Dover DE 19904	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

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★ ★ ★
NATIONAL
TRUCK CENTER™

EST. 1981

(305) 691-8407
MIAMI, FL

★ ★ ★
NATIONAL
TRUCK CENTER™

EST. 1981

(305) 691-8407
MIAMI, FL

New Jersey
L505 AA
• APPORTIONED •



Department Of the Treasury
 Internal Revenue Service
 Philadelphia, PA 19255-0023
Important Information - Please Read


 IRS Notice CP575A

RIRONE ENTERPRISE LLC
 RISHAB SHARMA SOLE MBR
 % RISHAB SHARMA SOLE MBR
 971 US HIGHWAY 202N STE R
 BRANCBURG, NJ 08876

December 19, 2025

We assigned you an employer identification number (EIN)

Your EIN is **41-3185731**. The name control associated with this EIN is **RIRO**.

What you need to do

- If you did **not** apply for this EIN, visit [IRS.gov/EINNotRequested](https://www.irs.gov/EINNotRequested).
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- You must file the following forms by the dates shown.

Form	Due Date
940	01/31/2027
944	01/31/2027

What you need to know

If you need to pay certain types of taxes, like employment or corporate income taxes, we'll send you a package with instructions. The package will tell you how to pay your taxes online using the Electronic Federal Tax Payment System (EFTPS). We'll also send you a personal identification number (PIN) separately. Be sure to activate your PIN when you receive it, so you can start using the EFTPS. To learn more about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes.

Form 2290, Heavy Highway Vehicle Use Tax Return, is due by the last day of the month following the month you first put your vehicle into use.

Additional Information

- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting [IRS.gov/Forms](https://www.irs.gov/Forms) or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

RIRONE ENTERPRISE LLC
0451387222

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 12/19/2025 and was assigned identification number 0451387222. Following are the articles that constitute its original certificate.

1. **Name:**
RIRONE ENTERPRISE LLC
2. **Registered Agent:**
REGISTERED AGENTS, INC.
3. **Registered Office:**
971 US HIGHWAY 202N STE R
BRANCHBURG, NEW JERSEY 08876
4. **Business Purpose:**
TRUCKING COMPANY
5. **Duration:**
PERPETUAL
6. **Effective Date of this Filing is:**
12/19/2025
7. **Main Business Address:**
971 US HIGHWAY 202N STE R
BRANCHBURG, NEW JERSEY 08876

Signatures:

ROBIN JONES
AUTHORIZED REPRESENTATIVE



Certificate Number : 4302844739

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

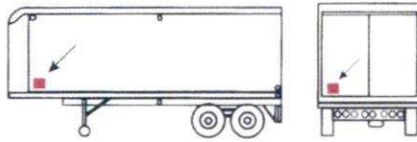
*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
19th day of December, 2025*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

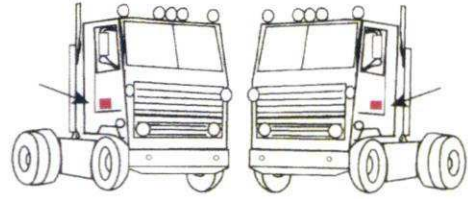
Elizabeth Maher Muoio
State Treasurer

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.

Waste Trailers



Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.

24



Phone No. (570)-225-5700

RIRONE ENTERPRISE LLC
RISHAB SHARMA
971 US HIGHWAY 202 N STE R
SOMERVILLE, NJ 08876-3757

COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

5609271161

VIN# 1FVACXDT3FHGS9116
WH25609
Expires Mar 2027

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.



 PEEL HERE

APPLICATION INSTRUCTIONS



1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



 PEEL HERE

Name **RIRONE Enterprise LLC** Employer identification number **41-3185731**

Part I Election Information (continued) **Note:** If you need more rows, use additional copies of page 2.

J Name and address of each shareholder or former shareholder required to consent to the election. (see instructions)	K Shareholder's Consent Statement Under penalties of perjury, I declare that I consent to the election of the above-named corporation (entity) to be an S corporation under section 1362(a) and that I have examined this consent statement, including accompanying documents, and, to the best of my knowledge and belief, the election contains all the relevant facts relating to the election, and such facts are true, correct, and complete. I understand my consent is binding and may not be withdrawn after the corporation (entity) has made a valid election. If seeking relief for a late filed election, I also declare under penalties of perjury that I have reported my income on all affected returns consistent with the S corporation election for the year for which the election should have been filed (see beginning date entered on line E) and for all subsequent years.		L Stock owned or percentage of ownership (see instructions)		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
	Signature	Date	Number of shares or percentage of ownership	Date(s) acquired		
RISHAB SHARMA 971 Us Highway 202n Ste R Branchburg NJ 08876		12/19 2025	100%	12/19/2025		12/31



DELAWARE DEPARTMENT OF
**NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL**

89 Kings Highway
Dover, DE 19901
302-739-9403
dnrec.delaware.gov

April 29, 2026

FedEx Tracking Number
871205127424

**NOTICE OF DEFICIENCY
26-HW-01**

Mr. Rishab Sharma
Rirone Enterprise LLC
971 US Highway 202 N, Suite R
Branchburg, NJ 08876

Subject: Notice of Deficiency
Reference: Application for Delaware Hazardous Waste Transporter Permit DE-HW-0673

Dear Mr. Sharma:

Delaware's Department of Natural Resources and Environmental Control (DNREC), Compliance and Permitting Section (CAPS), is in receipt of your application for a permit to transport hazardous waste in, through or out of the State of Delaware. The application was received by this office on March 18, 2026.

After reviewing your application, we found it to be incomplete. Since we received your application, we have made several attempts to contact you to obtain the missing information, but we have not received a response. To proceed with your application, please submit the required information as outlined by the specific item numbers related to your transporter application.

Item 5 requires Parent Company Ownership Information. Please complete item 5 as applicable and attach parent company information as required.

Item 6(b) requires Company Ownership Percentage Information. Please complete item 6(b) as applicable and attach company information as required.

- Item 10 requires other state hazardous waste transporter permits. Please complete item 10 as applicable and attach company information as required.
- Item 12 requires a Certificate of Insurance for automobile liability demonstrating that minimum insurance requirements have been met. Please amend item 12 and submit an updated certificate of insurance with the DNREC Compliance and Permitting Section listed as the certificate holder.

Delaware Dept. of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

- Item 17 requires a vehicle list identifying each vehicle's ownership and license plate numbers. Please amend item 17 to include the ownership and license plate numbers.

The requested information must be submitted to the CAPS within five (5) days of your receipt of this Notice of Deficiency. Failure to respond will result in the CAPS being unable to continue the review of the submitted permit application and the non-refund of the application processing fee. Please be aware that transportation of hazardous waste into, out of, or through Delaware without a permit is a violation of **7 Del.C. Chapters 60 and 63** and is subject to enforcement.

Please submit the required information to:

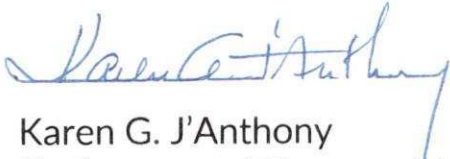
DaQuan L. Davis
Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, Delaware 19901
daquan.davis@delaware.gov

Notice of Deficiency: Rirone Enterprise LLC

Page 3 of 3

If you have any questions regarding this Notice, please contact Mr. Davis at (302) 739-9403.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karen G. J'Anthony". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Karen G. J'Anthony
Environmental Program Manager II
Compliance and Permitting Section

KGJ:DLD:cr
DLD2635.doc

Richardson, Carl S. (DNREC)

From: FedEx Tracking <TrackingUpdates@fedex.com>
Sent: Friday, May 1, 2026 1:52 PM
To: Richardson, Carl S. (DNREC)
Subject: Your shipment was delivered 871205127424



Your shipment was delivered.

Delivery Date

Fri, 05/01/2026

1:41pm

Delivered to

971 US Highway 202 N, BRANCBURG, NJ 08876

Received by

J.TOOLAN

[Report missing package](#)

How was your delivery?



Tracking details

Tracking ID	871205127424
From	Carl Richardson 89 KINGS HWY DOVER, DE, US 19901
To	Rirone Enterprise LLC 971 US Highway 202 N Suite R BRANCBURG, NJ, US 08876
Ship date	Wed 4/29/2026 03:56 PM
Number of pieces	1
Total shipment weight	0.50 LB
Service	FedEx 2Day®

ORIGIN ID:DOVA (302) 739-9403
CARL RICHARDSON

89 KINGS HWY

DOVER, DE 19901
UNITED STATES US

SHIP DATE: 29APR26
ACTWGT: 1.00 LB
CAD: 266889719/INET4535

BILL SENDER

TO **RISHAB SHARMA**
RIRONE ENTERPRISE LLC
971 US HIGHWAY 202 N
SUITE R
BRANCHBURG NJ 08876

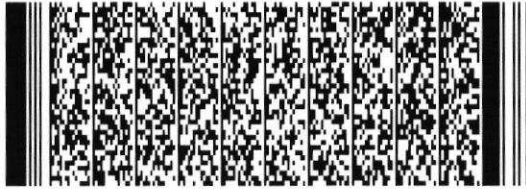
58KJ442C31484B

(302) 607-8896

REF:

INV:
PO:

DEPT:



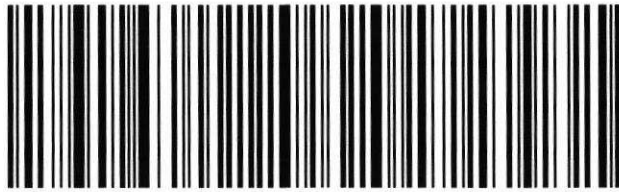
J81026012001iv

FRI - 01 MAY 5:00P
**** 2DAY ****

TRK#
0201 8712 0512 7424

4Z LWOOG

08876
NJ-US **EWR**



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