



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 000147286		2. Exact name of the limited liability company Veolia Water North America-Northeast, LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island water and wastewater treatment			
5. Principal office address 101 W. Washington Street, Suite 1400 E		City Indianapolis	State IN	Zip 46204	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Katie Lynch		Contact Title Assistant Secretary			
Street Address 120 Water Street, Suite 212		City North Andover	State MA	Zip 01845	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Laurent Auguste		Manager Name Brian J. Clarke			
Street Address 200 E. Randolph Street, Suite 7900		Street Address 200 E. Randolph Street, Suite 7900			
City Chicago	State IL	Zip 60601	City Chicago	State IL	Zip 60601
Manager Name Francis X. Ferrara		Manager Name			
Street Address 120 Water Street, Suite 212		Street Address			
City North Andover	State MA	Zip 01845	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

SEP 16 2009

By D98895 11:39

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000147286

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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SECRETARY OF STATE
CORPORATIONS DIV

Kathleen Lynch 8/28/09
Signature of Authorized Person Date
Kathleen Lynch, Assistant Secretary
Print or Type Name of Authorized Person