RI SOS Filing Number: 201059981720 Date: 03/05/2010 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
513916	ECO-TECH SUPPLY, INC.

3. Street Address Principal Business Office	City	State	Zip
400 SOUTH COUNTY TRAIL, SUITE A201	EXETER	RI	02822

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-294-4090	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island
FOR THE DESIGN, MARKETING, SALES, DISTRIBUTION AND SERVICE OF WASTEWATER TECHNOLOGY AND OTHER ENVIRONMENTAL TECHNOLOGIES.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
DANIEL R. COTTA	MATTHEW J. COTTA
Street Address	Street Address
400 SOUTH COUNTY TRAIL, SUITE A201	same
City / State / Zip	City / State / Zip
EXETER / RI / 02822	
Secretary Name	Treasurer Name
MATTHEW J. COTTA	DANIEL R. COTTA
Street Address	Street Address
Same	Same
City / State / Zip	City / State / Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
DANIEL R. COTTA	MATTHEW J. COTTA
Street Address	Street Address
Same	Same
City / State / Zip	City / State / Zip
Director Name	Director Name
None	None
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
6000	Common	No Par

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2000	Common	No Par

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 5 1 3 9 1 6

[redacted]

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.

Signature of Officer *Date* 3/1/10

DANIEL R. COTTA
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

File Date 3-5-2010
Check No. 6924
By: 46023-6-492900 mnc
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Form 630 12/01