

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact nam	ne of the Corporation				
000077083	Synagro-W	Synagro-WWT, Inc.				
3. Principal office address			City	State	Zip	
1800 Bering Drive, Suite 1000			Houston	TX	77057	
4. Business Phone No.			5. State of Incorporation			
(713) 369-1700			Maryland			
	character of business	conducted in Rhode Island		·········	<b>E</b> 5.	
Residuals Managemer	nt Services				75 30	
7. LIST ALL OFFICERS	NAMES AND ADDR	ESSES) ("X" BOX FOR A	TACHMENT)		MARK TO SECOND	
President Name			Vice-President Name		ഗ 🚉	
D. Eric Zimmer			Joseph L. Page			
Street Address			- T			
1800 Bering Drive, Suite 1000			1800 Bering Drive	, Suite 1000		
City	State	Zip	City	State	Zip = = = = = = = = = = = = = = = = = = =	
Houston	TX	77057	Houston	TX	77057	
Secretary Name			Treasurer Name			
Joseph L. Page			Carolyn J. Stone			
Street Address			Street Address			
1800 Bering Drive, Suite 1000			1800 Bering Drive, Suite 1000			
City	State	Zip	City	State	Zlp	
Houston	TX	77057	Houston	TX	77055	
8. LIST ALL DIRECTOR	IS (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	THE STATE OF THE S		
Director Name			Director Name	Tak Haranina	<u> </u>	
D. Eriz Zimmer			Joseph L. Page		Ē	
Street Address			Street Address		2 5.5	
1800 Bering Drive, Suite 1000			1800 Bering Drive	Suite 1000		
City	State	Zip	City	State	Zip - 2 - 5,	
Houston	TX	77057	Houston	TX	Zp 77057 呈 55	
Director Name	,		Director Name	<u> </u>	72. DIV	
				······	<	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZ	SPACE IN THE		10, SHARES SSUE	X BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		1000	COMMON	\$1.00		
This report must be ave	scuted on hehalf of the	corporation by an authoriza	od 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.

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File Date		
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FOR SEC	ETARY OF STATE USE ONLY	ľ

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.

 $\Sigma Q \subseteq$ Signature of Authorized Representative

07/20/2012 Date

Sue A. Gregory, Assistant Secretary

JUL 2 5 2012

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

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