

## 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 \_\_\_\_\_

2014

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

Filing Fee: \$50.00 •	<b>FAILURE TO FI</b>	LE THIS REPORT BY M	ARCH 31 WILL RES	SULT IN A \$25.00 PEN	ALTY FEE.
1. Entity ID No. \31890		me of the Corporation GHER ENVIRONI	MENTAL CONS	SULTING GROUP	P, INC.
3. Principal office address  180 East Shore Road			City Jamestown	State RI	Zip <b>02835</b>
4. Business Phone No. 401-423-2409			5. State of Incorporat Rhode Island	ion	, , , , ,
	al environmen	s conducted in Rhode Island tal, safety and health properties and real ar	consultant and a		elating to the
7.LUST <u>ALL OFFICERS (N</u>	AMES AND ADAM	ESSES) ("X" BOX FOR A	TTACHNIENT)	· // // // // // // // // // // // // //	Control of the State of the Sta
President Name Robert J. Gallagher			Vice-President Name		
Street Address 180 East Shore Road			Street Address		
<sup>City</sup> Jamestown	State RI	Zip <b>02835</b>	City	State	Zip
Secretary Name Robert J. Gallagher			Treasurer Name Robert J. Gallagher		
Street Address 180 East Shore Roa	d		Street Address 180 East Shore	Road	
City Jamestown	State RI	Zip <b>02835</b>	City Jamestown	State <b>RI</b>	Zip <b>02835</b>
8. LIST <u>ALL</u> DIRECTORS (	NAMÉS AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		en principale de la companya de la c
Director Name			Director Name		SE 201
Street Address			Street Address		
City	State	Zip	City	State	<b>7.0</b> RD D D D D D D D D D D D D D D D D D D
Director Name			Director Name		
Street Address			Street Address 9: - OTAT		
City	State	Zip	City	State	218 11
9. SHARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTAC	HMENT)
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	No par
This report must be execute		corporation by an authorize st be executed on behalf of			s of a receiver or trustee,

File Date FILED	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.		
Check No FEB 1 1 2014  By: Q - Q \ (093/0	Signature of Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY	Robert J. Gallagher, President  Print or Type Name of Authorized Representative		
Form No. 630  Revised: 01/2012	This of type Name of Authorized Representative		