



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 FEE.

1. Entity ID No. 000077083		2. Exact name of the Corporation Synagro-WWT, Inc.			
3. Principal office address 435 Williams Court, Suite 100		City Baltimore	State MD	Zip 21220	
4. Business Phone No. 443-489-9000		5. State of Incorporation Maryland			
6. Brief description of the character of business conducted in Rhode Island Residuals management Scrives					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Donald E. Zimmer		Vice-President Name Christopher Dunkerley			
Street Address 435 Williams Court, Suite 100		Street Address 435 Williams Court, Suite 100			
City Baltimore	State MD	Zip 21220	City Baltimore	State MD	Zip 21220
Secretary Name Joseph L. Page		Treasurer Name Christopher Dunkerley			
Street Address 435 Williams Court, Suite 100		Street Address 435 Williams Court, Suite 100			
City Baltimore	State MD	Zip 21220	City Baltimore	State MD	Zip 21220
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
Director Name Donald E. Zimmer		Director Name Joseph L. Page			
Street Address 435 Williams Court, Suite 100		Street Address 435 Williams Court, Suite 100			
City Baltimore	State MD	Zip 21220	City Baltimore	State MD	Zip 21220
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒					
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	
1000		CWP		\$1.00	

This report must be executed on behalf of the corporation by an authorized 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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 04 2014

BY

218997

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.

Sue A. Gregory
Signature of Authorized Representative
Sue A. Gregory, Assistant Secretary
Print or Type Name of Authorized Representative

02/28/2014

Date