



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. 35886		2. Exact name of the Corporation EcoWise Systems Inc.			
3. Principal office address 17 Intrepid Lane			City Jamestown	State RI	Zip 02835
4. Business Phone No. (401) 560-0050			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Water and energy efficiency consulting and sales; computer software development and sales					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen D. Mecca			Vice-President Name Stephen D. Mecca		
Street Address 17 Intrepid Lane			Street Address 17 Intrepid Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Stephen J. Mecca			Treasurer Name Stephen D. Mecca		
Street Address 5 Aquidneck Court			Street Address 17 Intrepid Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stephen J. Mecca			Director Name None		
Street Address 5 Aquidneck Court			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			200	Common	None

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 _____

FILED

Check No _____

By: _____

MAR 18 2014

FOR SECRETARY OF STATE USE ONLY

BY 8852

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.

Stephen D. Mecca

03/17/2014

Signature of Authorized Representative

Date

Stephen D. Mecca

Print or Type Name of Authorized Representative