



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 2016

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. 1065161		2. Exact name of the Corporation ENVIRONMENTAL CONSULTING AND MANAGEMENT, INC.		
3. Principal office address 50 Kickemuit Avenue		City Bristol	State RI	Zip 02809
4. Business Phone No. (401) 254-2614		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Environmental consulting.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
President Name Maryellen C. Simas		Vice-President Name None.		
Street Address 50 Kickemuit Avenue		Street Address		
City Bristol	State RI	Zip 02809	City	State RI
Secretary Name Maryellen C. Simas		Treasurer Name Francisco D. Simas		
Street Address 50 Kickemuit Avenue		Street Address 50 Kickemuit Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
Director Name None.		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.				
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>				
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
100		Common	No Par Value	

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

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.

FILED

Maryellen C. Simas
 Signature of Authorized Representative

2/4/2016
 Date

Maryellen C. Simas, President
 Print or Type Name of Authorized Representative

FEB 10 2016

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