



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

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**

**FEB 10 2016**

*Maryellen C. Simas*  
 Signature of Authorized Representative

**2/4/2016**  
 Date

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

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