



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. 899550		2. Exact name of the Corporation BEME Water System Solutions, Inc.			
3. Principal office address 215 Worcester-Providence Turnpike		City Sutton		State MA	Zip 01590
4. Business Phone No. (508) 865-9526		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Design, maintenance and treatment programs for process and comfort cooling and heating, power generation and potable water systems					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Barry S. Golden			Vice-President Name		
Street Address 215 Worcester-Providence Turnpike			Street Address		
City Sutton	State MA	Zip 01590	City	State	Zip
Secretary Name Ellen A. Golden			Treasurer Name Barry S. Golden		
Street Address 215 Worcester-Providence Turnpike			Street Address 215 Worcester-Providence Turnpike		
City Sutton	State MA	Zip 01590	City Sutton	State MA	Zip 01590
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Barry S. Golden			Director Name		
Street Address 215 Worcester-Providence Turnpike			Street Address		
City Sutton	State MA	Zip 01590	City	State	Zip
Director Name			Director Name		
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
			1,000	Common	\$1.00 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

Form No. 630
Revised: 01/2012

FILED

FEB 18 2016

BY 267895

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.

Signature of Authorized Representative

Date

Barry S. Golden, President and Treasurer

Print or Type Name of Authorized Representative