



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

2016 FEB 18 AM 11:17  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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**

**FILED**

FEB 18 2016

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 *Barry S. Golden* 2-9-2016 Date

Barry S. Golden, President and Treasurer

Print or Type Name of Authorized Representative

*BY: [Signature] 267895*