S	tate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
Limited Liability Com	pany		
Annual Report Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>000909193</u>			
2. Exact Name of the Limited Liability Company <u>GROUNDWATER TREATMENT &amp;</u> <u>TECHNOLOGY, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6	<u>562910</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
DESIGN, MANUFACTURE, INSTALL, RENT, OPERATE AND MAINTAIN ENVIRONMENTAL REMEDIATION SYSTEMS			
5. Principal Office Addre	SS		
	MOUNT HOPE ROAD	nte: <u>NJ</u> Zip: <u>07855</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	IOUNT HOPE ROAD	te: NJ Zip: 07855	Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addre	ess
	First, Middle, Last, Suffix	Address, City or Town, Sta	ate, Zip Code, Country
MANAGER	ROBERT G KUNZEL	7 MAPLE AV	/ENUE, UNIT 5

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 25 Day of October, 2016 at 1:15:35 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>GENE BRINSTER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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