

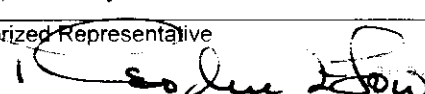


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 87855		2. Exact name of the Corporation Theodore F. Low & Associates, Inc.			
3. Principal Office Address 95 Blackstone Blvd.		City Providence		State RI	Zip 02906
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Environmental consultants and related activities.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Emily Boenning			Vice-President Name		
Street Address 95 Blackstone Blvd.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Theodore F. Low			Treasurer Name Kay H. Low		
Street Address 95 Blackstone Blvd.			Street Address 95 Blackstone Blvd.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Same as above.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			500	Common	No Par
11. 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.					
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.					
Name of Authorized Representative Theodore F. Low, Secretary					Date 13 JAN '17
Signature of Authorized Representative 					FILED JAN 23 2017 BY 4354

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov