



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.

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R.I. DEPT. OF STATE
BUS. SSV DIV.

2017 JAN 23 PM 2:13

1. Entity ID Number 71087		2. Exact name of the Corporation James J. Geremia & Associates, Inc.			
3. Principal Office Address 272 West Exchange Street, Suite 201		City Providence		State RI	Zip 02903
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island ENVIRONMENTAL ENGINEERING AND CONSULTING				
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 James J. Geremia			Vice-President Name None		
Street Address 272 West Exchange Street, Suite 201			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name James J. Geremia			Treasurer Name James J. Geremia		
Street Address 272 West Exchange Street, Suite 201			Street Address 272 West Exchange Street, Suite 201		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James J. Geremia			Director Name		
Street Address 272 West Exchange Street, Suite 201			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 James J. Geremia				Date 1/5/17	
Signature of Authorized Representative <i>James J. Geremia</i> SIGN DOCUMENT HERE					

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

FILED

JAN 23 2017

BY CL# 15170

FORM 630 - Revised: 10/2016