



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 145220		2. Exact name of the Corporation Northeast Water Solutions, Inc.			
3. Principal Office Address 567 South County Trail, Suite 116		City Exeter		State RI	Zip 02822
4. NAICS Code 54 - Professional, Scientific, and		6. Brief description of the character of business conducted in Rhode Island Engineering and consultation services regarding public water systems and waste water treatment systems.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert F. Ferrari			Vice-President Name John H. Boyles		
Street Address 800 Gibson Hill Road			Street Address 39 Westcott Road		
City Greene	State RI	Zip 02827	City Harvard	State MA	Zip 01451
Secretary Name John H. Boyles			Treasurer Name John H. Boyles		
Street Address 39 Westcott Road			Street Address 39 Westcott Road		
City Harvard	State MA	Zip 01451	City Harvard	State MA	Zip 01451
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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					
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	
4707		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 Robert F. Ferrari, President					Date 1/18/17
Signature of Authorized Representative <i>Robert F. Ferrari</i>					

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

FILED

JAN 25 2017

BY

2/16/305