RI SOS Filing Number: 201737218070 Date: 3/1/2017 4:00:00 PM

| State of Rhode Island an Department of Sta | | | | |
|---|------------------------|--|--|--|
| Annual Report for the year: 201 Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is | | | | |
| 1. Entity ID Number 899550 | 2. Exact na BEME \ | | | |
| 3. Principal Office Address 215 Worcester-Providence | Turnpike | | | |
| 4. Business Phone Number: (508) 865-9526 | 6. Brief des Design | | | |
| State of Incorporation Rhode Island | cooling | | | |
| 7. List ALL officers (names and ad President Name Barry S. Golden Street Address 215 Worcester-Providence T | | | | |
| City Sutton | State MA | | | |
| Secretary Name Ellen A. Golden | 1 | | | |

R.I. DEPT. OF STATE BUS SYCS DIV

2817 MAR - 1 PM 1: 44

Plantations iness Services Division

| → Filing Fee: \$50.00 → Penalty: Additional \$2 | | | | | | | | |
|--|--|--|--|---|-----------------|---|--|--|
| 1. Entity ID Number | | 2. Exact name of the Corporation | | | | | | |
| 899550 | BEME V | BEME Water System Solutions, Inc. | | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | | |
| 215 Worcester-Provide | nce Turnpike | | Sutton | | MA | 01590 | | |
| 4. Business Phone Number: | 6. Brief des | cription of the charac | cter of business cond | ucted in Rhode Is | land | | | |
| (508) 865-9526 | Design, | maintenance and | d treatment progra | ıms for process | and comfo | rt | | |
| 5. State of Incorporation Rhode Island | cooling | and heating, pow | er generation and | l potable water | systems. | | | |
| 7. List ALL officers (names a | nd addresses) | | | | he box to indi | cate an attachment X | | |
| esident Name arry S. Golden | | | Vice-President Name None | | | | | |
| Street Address 215 Worcester-Provider | | | Street Address | | | | | |
| City Sutton | State MA | Zip 01590 | City | | State | Zip | | |
| Secretary Name Ellen A. Golden | | | Treasurer Name Barry S. Golden | | | | | |
| Street Address 215 Worcester-Providence Turnpike | | | Street Address 215 Worcester-Providence Tumpike | | | | | |
| City Sutton | State MA | Zip 01590 | City Sutton | | State MA | Zip 01590 | | |
| 8. List ALL directors (names a Director Name | and addresses) | | ID: | Check t | he box to indi | cate an attachment | | |
| Barry S. Golden | | | Director Name | | | | | |
| Street Address 215 Worcester-Provider | nce Turnpike | | Street Address | | | | | |
| City Sutton | State MA | Zip 01590 | City | | State | Zip | | |
| Outlon | | | | | | | | |
| | | | Director Name | | | | | |
| Director Name | | | Director Name Street Address | | | | | |
| Director Name Street Address | State | Žip | | | State | Zip . | | |
| Director Name Street Address City 9. Shares Authorized | State | Zip 10. Shares Iss | Street Address City | | | cate an attachment | | |
| Director Name Street Address City 9. Shares Authorized This Information is currently of | State | Zip 10. Shares Iss | Street Address City | CLASS/SERIES | ne box to indic | cate an attachment PAR VALUE | | |
| Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. | State f record in the | Zip 10. Shares Iss | Street Address City | | ne box to indic | cate an attachment | | |
| Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional in this report must be executrustee, this report must be excutrustee, this report must be excutrustee. | State frecord in the filing. Ited on behalf of the secuted on behalf of | 10. Shares Iss NUMBER Of 1,000 a corporation by an afthe corporation by that I have examin | City Sued F SHARES authorized representathe receiver or trusteed this report, included | CLASS/SERIES Common ative. If the corpora | ne box to indic | PAR VALUE 51.00 par value hands of a receiver or | | |
| Director Name Street Address City 9. Shares Authorized This information is currently of Department of State. Changes require an additional in this report must be executrustee, this report must be extracted that all statements, and that all statements. | State frecord in the filling. Ited on behalf of the secuted on behalf of feciare and affirm fements contained | 10. Shares Iss NUMBER Of 1,000 a corporation by an afthe corporation by that I have examin | City Sued F SHARES authorized representathe receiver or trusteed this report, included | CLASS/SERIES Common ative. If the corpora | ne box to indic | PAR VALUE 51.00 par value hands of a receiver or | | |
| Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional 11. This report must be executrustee, the report must be executrustee, the report must be executrustee, the report must be executruste | State frecord in the filing. Inted on behalf of the secuted on behalf of declare and affirm tements contained intative ent and Treasure | 10. Shares Iss NUMBER Of 1,000 corporation by an afthe corporation by that I have examinatherein are true and | City Sued F SHARES authorized representathe receiver or trusteed this report, included | CLASS/SERIES Common ative. If the corpora | ation is in the | PAR VALUE \$1.00 par value hands of a receiver of | | |

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

MAR 0 1 2017 FORM 630 - Revised: 08/2016

BY 297262 KM