




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

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2017 MAR -1 PM 1:44

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 899550		2. Exact name of the Corporation BEME Water System Solutions, Inc.									
3. Principal Office Address 215 Worcester-Providence Turnpike			City Sutton	State MA	Zip 01590						
4. Business Phone Number: (508) 865-9526		6. Brief description of the character of business conducted in Rhode Island Design, maintenance and treatment programs for process and comfort cooling and heating, power generation and potable water systems.									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>											
President Name Barry S. Golden			Vice-President Name None								
Street Address 215 Worcester-Providence Turnpike			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 Turnpike								
City Sutton	State MA	Zip 01590	City Sutton	State MA	Zip 01590						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Barry S. Golden			Director Name								
Street Address 215 Worcester-Providence Turnpike			Street Address								
City Sutton	State MA	Zip 01590	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								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>\$1.00 par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	\$1.00 par value
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1,000	Common	\$1.00 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. <i>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.</i>											
Name of Authorized Representative Barry S. Golden, President and Treasurer				Date February 28, 2017							
Signature of Authorized Representative 											

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 01 2017

FORM 630 - Revised: 08/2016

BY 297262 KM