State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:** 2018 Amended

**Corporation**

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

2018 JAN 29 P 2:31 SECRETARY OF STATE CORPORATIONS SECTION RECEIVED FILED

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 000540938 | Global Environmental Solutions, Inc. | | |
| **3. Principal Office Address** | **City** | **State** | **Zip** |
| 707 SABLE OAKS DRIVE, SUITE 150 | SOUTH PORTLAND | ME | 04106 |
| **4. NAICS Code** | **6. Brief description of the character of business conducted in Rhode Island** | | |
| **23 - Construction** | PROJECT MANAGEMENT SPECIALIZING IN LAND CLEARING FOR UTILITY ROWS, WETLAND MATTING AND OTHER ENVIRONMENTALLY SENSITIVE OPERATIONS.HEAVY | | |
| **5. State of Incorporation** | | | |

**7. List ALL officers (names and addresses)** — Check the box to indicate an attachment ☐

| President Name | | | Vice-President Name | | |
|---|---|---|---|---|---|
| KEVIN POMERLEAU | | | GREGORY POMERLEAU | | |
| Street Address: 707 Sable Oaks Dr. Ste. 150 | | | Street Address: 707 Sable Oaks Dr. Ste. 150 | | |
| City: South Portland | State: ME | Zip: 04106 | City: South Portland | State: ME | Zip: 04106 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

**8. List ALL directors (names and addresses)** — Check the box to indicate an attachment ☐

| 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 500.00 | CNP | $0 |
| | | | |

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 | Date |
|---|---|
| Kevin Pomerleau | 1/29/18 |

Signature of Authorized Representative: Kevin B Pomerleau

SIGN DOCUMENT HERE

**FILED**

JAN 29 2018

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BY

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

FORM 630 - Revised: 02/2017