	State of Rhode Island and Office of the Seci		IS Fee: \$50.00	
HOPE	Division Of Busi 148 W. Rive Providence RI ((401) 222	er Street 2904-2615		
Limited Liability Company Annual Report Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2019				
1. ID No. <u>000153436</u>				
2. Exact Name of the Limited Liability Company OVIVO USA, LLC				
3. State of Formation				
State: <u>DE</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>221320</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
WATER AND WASTEWATER TREATMENT				
5. Principal Office Address				
No. and Street: <u>4246 RIVERBOAT ROAD</u> SUITE 300				
City or Town: <u>SA</u>	LT LAKE CITY	State: <u>UT</u> Zip: <u>84123</u>	Country: <u>USA</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title: No. and Street: <u>4246 RIVERBOAT ROAD</u> SUITE 300				
City or Town: SAL	T LAKE CITY S	tate: <u>UT</u> Zip: <u>84123</u>	Country: <u>USA</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Addre	ess	
	First, Middle, Last, Suffix	Address, City or Town, Sta	ate, Zip Code, Country	
MANAGER	VALERE MORISSETTE	4246 RIVERBOAT	ROAD. SUITE 300	

		SALT LAKE CITY, UT 84123 USA		
MANAGER	MARC BARBEAU	1010 SHERBROOKE STREET WEST, SUITE 1700 MONTREAL, QC H3A2R7 CAN		
MANAGER	RON NAY	4246 RIVERBOAT ROAD, SUITE 300 SALT LAKE CITY, UT 84123 USA		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
<u>CORPORATION SERVICE COMPANY</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, <u>RI</u> 02888				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
Signed this 3 Day of October, 2019 at 12:45:38 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.				
By <u>GWEN KLEES</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
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