S	itate of Rhode Island and Pro	vidence Plantations	Fee: \$50.00
	Office of the Secreta	ry of State	
Division Of Business Services 148 W. River Street			
	Providence RI 0290		
HOPE	(401) 222-304	40	
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>000143647</u>			
2. Exact Name of the Limited Liability Company <u>VEOLIA WATER LOGISTICS LLC</u>			
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>485999</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
FLEET TRANSPORT			
5. Principal Office Address			
No. and Street: <u>53 STATE STREET</u>			
<u>14TH FLOOR</u> City or Town: <u>BOSTON</u> State: <u>MA</u> Zip: <u>02109</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: WHITNEY FAWCETT Contact Title: ASSISTANT SECRETARY			
No. and Street: 120 WATER STREET, SUITE 212			
City or Town: <u>NORTH ANDOVER</u> State: <u>MA</u> Zip: <u>01845</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	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	de, Country
MANAGER	JASON SALGO	53 STATE STREET, 14TH BOSTON, MA 02109 USA	

**BRIAN J CLARKE** 

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 28 Day of October, 2019 at 3:21:12 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 WHITNEY FAWCETT

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved