



State of Rhode Island

## Department of State - Business Services Division

**FILED**

OCT 15 2020

Annual Report for the year: 2020  
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

3456702

1. Entity ID Number <b>001678293</b>		2. Exact name of the Limited Liability Company <b>Azure Water Services, LLC</b>			
3. NAICS Code <b>325998</b>		4. Brief description of the character of business conducted in Rhode Island <b>I sales agent who sells commercial water treatment chemicals &amp; related equipment moved to VT. We still do sell in CT. Our blending facility is in CT and ships to several states including the CT. Boiler, cooling towers, wastewater, groundwater remediation, drinking water disinfection in food industry</b>			
5. State of Formation <b>CT</b>					
6. Principal Office Address <b>280 Callegari Dr. West Haven, CT</b>		City <b>W. Haven</b>	State <b>CT</b>	Zip <b>06516</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Karen Tomsheck</b>			Contact Title <b>HR Manager</b>		
Street Address <b>280 Callegari Dr same (MM)</b>			City <b>W Haven</b>	State <b>CT</b>	Zip <b>06516</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person <b>Karen M Tomsheck</b>				Date <b>10/13/20</b>	
Signature of Authorized Person <b>Karen M Tomsheck</b>					

## MAIL TO:

Division of Business Services

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