



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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:** 2020

**1. ID No.** 000143647

**2. Exact Name of the Limited Liability Company** VEOLIA WATER LOGISTICS LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

485999

**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: 53 STATE STREET

14TH FLOOR

City or Town: BOSTON

State: MA

Zip: 02109

Country: USA

**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: NORTH ANDOVER

State: MA

Zip: 01845

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MATTHEW MADEKSZA	53 STATE STREET, 14TH FLOOR BOSTON, MA 02109 USA

MANAGER	DENIS CHESSERON	53 STATE STREET, 14TH FLOOR BOSTON, MA 02109 USA
MANAGER	DANIEL MAHONEY	53 STATE STREET, 14TH FLOOR BOSTON, MA 02109 USA

**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 30 Day of October, 2020 at 2:58:45 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, ASSISTANT SECRETARY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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