|  | State of Rhode<br>Office of the Secreta |                                      | Fee: \$50.00 |  |
|--|---|--------------------------------------|--------------|--|
| Division Of Business Services  |   |                                      |              |  |
| 148 W. River Street  |   |                                      |              |  |
|  | Providence RI 02904-2615                |                                      |              |  |
| HOPE   | (401) 222-30                            | 40                                   |              |  |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 1   |   |                                      |              |  |
| In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing<br>to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-<br>16-66(b&c)) is subject to a penalty fee of \$25.00. |   |                                      |              |  |
| ANNUAL REPORT YEAR: 2020   |   |                                      |              |  |
| <b>1. ID No.</b> <u>000147286</u>  |   |                                      |              |  |
| <b>2. Exact Name of the Limited Liability Company</b> <u>VEOLIA WATER NORTH AMERICA -</u><br><u>NORTHEAST, LLC</u>   |   |                                      |              |  |
| 3. State of Formation  |   |                                      |              |  |
| State: <u>DE</u>   |   |                                      |              |  |
|  |   |                                      |              |  |
|  |   |                                      |              |  |
| 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>221310</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>53 STATE STREET</u><br>14TH FLOOR   |   |                                      |              |  |
| City or Town: $\underline{BOSTON}$ State: $\underline{MA}$ Zip: $\underline{02109}$ Country: $\underline{USA}$   |   |                                      |              |  |
| 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: <u>120 WATER STREET, SUITE 212</u><br>State: MA O1845_ Country: USA  |   |                                      |              |  |
| 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                         | Address                              |              |  |
|  | First, Middle, Last, Suffix             | Address, City or Town, State, Zip Co | de, Country  |  |

| MANAGER | MATTHEW MADEKSZA | 53 STATE STREET, 14TH FLOOR<br>BOSTON, MA 02109 USA |  |
|---------|------------------|---|--|
| MANAGER | DENIS CHESSERON  | 53 STATE STREET, 14TH FLOOR<br>BOSTON, MA 02109 USA |  |
| MANAGER | DANIEL MAHONEY   | 53 STATE STREET, 14TH FLOOR<br>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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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 3:50:46 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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