	State of Rhode Office of the Secreta		0.00
	Division Of Business 148 W. River S		
	Providence RI 0290		
Uppt	(401) 222-304		
HOPE	(101) 222 33		
Limited Liability Com	ipany		
Annual Report Filing Period: September 1	- November 1		
In accordance with R.I.G.L. to file its annual report with	7-16-66(d), each limited liability comp in thirty (30) days after the time presc		
16-66(b&c)) is subject to a	penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000110658</u>	8		
2. Exact Name of the Limited Liability Company <u>VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.</u>			
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	business conducted by the entity. Download online.	d
	- Character of the Dusiness Which	is Astually Conducted in Dhade Island	
4. Brief Description of th	e Character of the Business which	is Actually Conducted in Rhode Island	
ON-SITE AND OFF-SI	TE HAZARDOUS WASTE MAN	AGEMENT SERVICES	
5. Principal Office Addre	SS		
No. and Street: 53	STATE STREET		
14TH FLOOR			
	STON State: MA	<u>A</u> Zip: <u>02109</u> Country: <u>USA</u>	
6. Mailing Address of Li	mited 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>			
City or Town: NORTH	<u>I ANDOVER</u>	State: MA Zip: 01845 Country: USA	<u> </u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
Inte	First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
MANAGER	ROBERT CAPPADONA	53 STATE STREET, 14TH FLOOR	
		BOSTON, MA 02109 USA	

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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 4:04:46 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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