



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71087		2. Name of Corporation James J. Geremia & Associates, Inc.			
3. Street Address Principal Business Office 272 West Exchange Street		City Providence	State RI	Zip 02903	
4. Business Phone No. (401) 454-7000		5. State of Incorporation RHODE ISLAND			6. SIC Code 7518
7. Brief Description of the Corporation's Business Conducted in Rhode Island ENVIRONMENTAL ENGINEERING AND CONSULTING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James J. Geremia			Vice President Name None		
Street Address 272 West Exchange Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name James J. Geremia			Treasurer Name James J. Geremia		
Street Address 272 West Exchange Street			Street Address 272 West Exchange Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James J. Geremia			Director Name Deborah A. Geremia		
Street Address 272 West Exchange Street			Street Address 272 West Exchange Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$1.00 PAR VALUE			245	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*71087\*

File Date	1/18/05
Check No.	7559
By	W.
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

James J. Geremia

Print or Type Name of Officer

President

Title of Officer

1/12/05  
Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>71087</b>		2. Name of Corporation <b>James J. Geremia &amp; Associates, Inc.</b>			
3. Street Address Principal Business Office <b>272 West Exchange Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
4. Business Phone No. <b>(401) 454-7000</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7518</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ENVIRONMENTAL ENGINEERING AND CONSULTING.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>James J. Geremia</b>		Vice President Name <b>None</b>			
Street Address <b>272 West Exchange Street</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>James J. Geremia</b>		Treasurer Name <b>James J. Geremia</b>			
Street Address <b>272 West Exchange Street</b>		Street Address <b>272 West Exchange Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>James J. Geremia</b>		Director Name <b>Deborah A. Geremia</b>			
Street Address <b>272 West Exchange Street</b>		Street Address <b>272 West Exchange Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 COMM \$1.00 PAR VALUE</b>			<b>245</b>	<b>common</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 4 0 8 7 \*

**FILED**

File Date

Check No. **JAN 13 2004**

By: **By 323173**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

**James J. Geremia**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **71087**  
2. Name of Corporation **James J. Geremia & Associates, Inc.**  
3. Street Address Principal Business Office  
**272 West Exchange Street**  
4. Business Phone No. **(401) 454-7000**  
5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02903**  
6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Environmental engineering and consulting.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **James J. Geremia**  
Street Address **272 West Exchange Street**  
City **Providence** State **RI** Zip **02903**

Vice President Name **None**  
Street Address  
City State Zip  
Treasurer Name **James J. Geremia**  
Street Address **272 West Exchange Street**  
City **Providence** State **RI** Zip **02903**

Secretary Name **James J. Geremia**  
Street Address **272 West Exchange Street**  
City **Providence** State **RI** Zip **02903**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **James J. Geremia**  
Street Address **272 West Exchange Street**  
City **Providence** State **RI** Zip **02903**

Director Name **Deborah A. Geremia**  
Street Address **272 West Exchange Street**  
City **Providence** State **RI** Zip **02903**

Director Name  
Street Address  
City State Zip

Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM \$1.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**245 common \$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 0 8 7 \*

File Date: **1/28/03**  
Check No: **6178**  
By: **DA**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **James J. Geremia** Date **1/27/03**  
Print or Type Name of Officer  
**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903 1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No. **71087** 2 Name of Corporation **James J. Geremia & Associates, Inc.**  
3 Street Address Principal Business Office **272 West Exchange Street** City **Providence** State **RI** Zip **02903**  
4 Business Phone No. **(401) 454-7000** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code **7518**

7 Brief Description of the Character of Business Conducted in Rhode Island  
**Environmental engineering and consulting.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James J. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>None</b> Street Address  City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>James J. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>James J. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>James J. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>Deborah A. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares **1,000** Class/Series **COMM** Par Value **\$1.00**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares **245** Class/Series **common** Par Value **\$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 0 8 7 \*

File Date: **1-14-02**  
**5441**  
Check No.:  
By: **AMF**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **James J. Geremia** Date **1/7/02**  
Print or Type Name of Officer  
**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71087** 2. Name of Corporation **James J. Geremia & Associates, Inc.**  
3. Street Address Principal Business Office **272 West Exchange Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **(401) 454-7000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Environmental engineering and consulting.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James J. Geremia</b>	Vice President Name <b>N/A</b>
Street Address <b>272 West Exchange Street</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City State Zip
Secretary Name <b>James J. Geremia</b>	Treasurer Name <b>James J. Geremia</b>
Street Address <b>272 West Exchange Street</b>	Street Address <b>272 West Exchange Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>James J. Geremia</b>	Director Name <b>James J. Geremia</b>
Street Address <b>272 West Exchange Street</b>	Street Address <b>272 West Exchange Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM</b>	<b>\$1.00 PAR</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
<b>245</b>	<b>COMMON</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 0 8 7 \*

**FILED**

File Date: **FEB 14 2001**

Check No: **By C. W. O. H.**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **James J. Geremia** Date **2/13/01**  
Print or type Name of Officer  
**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71087** 2. Name of Corporation **James J. Geremia & Associates, Inc.**  
3. Street Address Principal Business Office **272 West Exchange Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **(401) 454-7000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Environmental engineering and consulting.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James J. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>N/A</b> Street Address <b></b> City <b></b> State <b></b> Zip <b></b>
Secretary Name <b>James J. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>James J. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>James J. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>	Director Name <b>Deborah A. Geremia</b> Street Address <b>272 West Exchange Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
--	--

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM \$1.00 PAR</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>245</b>	<b>common</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 0 8 7 \*

File Date: **2/01/00**

Check No: **5335**

By: **ONE 69**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **James J. Geremia** Date **2/7/00**  
Print or Type Name of Officer **James J. Geremia**  
Title of Officer **President**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **71087** 2. Name of Corporation **James J. Geremia & Associates, Inc.**

3. Street Address Principal Business Office

**272 West Exchange Street**

4. Business Phone No.

**(401) 454-7000**

5. State of Incorporation  
**RHODE ISLAND**

City

**Providence**

State

**RI**

Zip

**02903**

6. SIC Code  
**7518**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Environmental engineering and consulting.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**James J. Geremia**

Street Address

**272 West Exchange Street**

City

State

Zip

**Providence**

**RI**

**02903**

Secretary Name

**James J. Geremia**

Street Address

**272 West Exchange Street**

City

State

Zip

**Providence**

**RI**

**02903**

Vice President Name

**N/A**

Street Address

City

State

Zip

Treasurer Name

**James J. Geremia**

Street Address

**272 West Exchange Street**

City

State

Zip

**Providence**

**RI**

**02903**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**James J. Geremia**

Street Address

**272 West Exchange Street**

City

State

Zip

**Providence**

**RI**

**02903**

Director Name

Director Name

**Deborah A. Geremia**

Street Address

**272 West Exchange Street**

City

State

Zip

**Providence**

**RI**

**02903**

Street Address

Street Address

City

State

Zip

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 SHS COMM \$1.00 PAR**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**245**

**common**

**\$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 0 8 7 \*

File Date: **FILED**

Check No.: **JAN 26 1999**

By: **By [Signature] 4/6/99**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

**James J. Geremia**

Print or Type Name of Officer

**President**

Title of Officer

Date

**19 Jan 1999**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

0071087

James J. Geremia & Associates, Inc.

3. Street Address Principal Business Office

City

State

Zip

272 West Exchange Street

Providence

RI

02903

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 454-7000

RHODE ISLAND

7518

7. Brief Description of the Character of Business Conducted in Rhode Island

Environmental engineering and consulting.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Vice President Name

James J. Geremia

N/A

Street Address

Street Address

272 West Exchange Street

City

State

Zip

City

State

Zip

Providence

RI

02903

Secretary Name

Treasurer Name

James J. Geremia

James J. Geremia

Street Address

Street Address

272 West Exchange Street

City

State

Zip

272 West Exchange Street

City

State

Zip

Providence

RI

02903

Providence

RI

02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Director Name

James J. Geremia

Deborah A. Geremia

Street Address

Street Address

272 West Exchange Street

City

State

Zip

272 West Exchange Street

City

State

Zip

Providence

RI

02903

Providence

RI

02903

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMMON \$1.00 PAR

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

245

common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/25

Check No.: HIGH

By: KLP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

James J. Geremia

Print or Type Name of Officer

President

Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71087** 2. Name of Corporation **TRAVASSOS-GEREMIA & ASSOCIATES, INC.**  
3. Street Address Principal Business Office **272 West Exchange Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **(401) 454-7000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7518**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Environmental engineering and consulting**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>John Travassos</b> Street Address <b>20 1/2 Balcom Road</b> City <b>Foster</b> State <b>RI</b> Zip <b>02825</b>	Vice President Name <b>James Geremia</b> Street Address <b>102 Gentian Drive</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>
Secretary Name <b>John Travassos</b> Street Address <b>20 1/2 Balcom Road</b> City <b>Foster</b> State <b>RI</b> Zip <b>02825</b>	Treasurer Name <b>James Geremia</b> Street Address <b>102 Gentian Drive</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>John Travassos</b> Street Address <b>20 1/2 Balcom Road</b> City <b>Foster</b> State <b>RI</b> Zip <b>02825</b>	Director Name <b>James Geremia</b> Street Address <b>102 Gentian Drive</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>
Director Name <b>Sharon A. Travassos</b> Street Address <b>20 1/2 Balcom Road</b> City <b>Foster</b> State <b>RI</b> Zip <b>02825</b>	Director Name <b>Deborah A. Geremia</b> Street Address <b>102 Gentian Drive</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM \$1.00 PAR</b>			<b>500</b>	<b>common</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 0 8 7 \*

File Date: 2/20/97

Check No.: 3448

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

James Geremia 11 Feb 97  
Signature of Officer Date

James Geremia  
Print or Type Name of Officer

Vice President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO

2. NAME OF CORPORATION

71087

TRAVASSOS-GEREMIA & ASSOCIATES, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

272 West Exchange Street - Suite 201

Providence

RI

02903

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

6. SIC CODE

(401) 454-7000

RHODE ISLAND

7518

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Environmental Engineering and Consulting

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

John Travassos

James Geremia

STREET ADDRESS

STREET ADDRESS

20 1/2 Balcom Road

102 Gentian Drive

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

Foster

RI

02825

Wakefield

RI

02879

SECRETARY NAME

TREASURER NAME

John Travassos

James Geremia

STREET ADDRESS

STREET ADDRESS

20 1/2 Balcom Road

102 Gentian Drive

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

Foster

RI

02825

Wakefield

RI

02879

DIRECTOR NAME

DIRECTOR NAME

John Travassos

James Geremia

STREET ADDRESS

STREET ADDRESS

20 1/2 Balcom Road

102 Gentian Drive

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

Foster

RI

02825

Wakefield

RI

02879

DIRECTOR NAME

DIRECTOR NAME

Sharon A. Travassos

Deborah A. Geremia

STREET ADDRESS

STREET ADDRESS

20 1/2 Balcom Road

102 Gentian Drive

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

Foster

RI

02825

Wakefield

RI

02879

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS COMM	\$1.00 PAR		500	common	\$1.00 par value

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date:

2/2/96

Check No:

2939

By:

John Travassos

For Secretary of State Use Only

Signature of Officer

John Travassos

Print or Type Name of Officer

President

2/1/96

Title of Officer

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0071087 Annual Report for the year: 1995

Name of Corporation: TRAVASSOS-GEREMIA & ASSOCIATES, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

N/A

Business Entity is (check one):

☐ Business Corporation (See RIGL Chapter 7-1.1)

☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

272 West Exchange Street

Suite 201

Providence, RI 02903

Phone: ( 401 ) 454-7000

Brief statement of the character of business conducted in Rhode Island:  
Environmental Engineering and Consulting.

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>John Travassos</u>	<u>20 1/2 Balcom Road</u>	<u>Foster, RI</u>	<u>02825</u>
VICE PRESIDENT <u>James Geremia</u>	<u>102 Gentian Drive</u>	<u>Wakefield, RI</u>	<u>02879</u>
SECRETARY <u>John Travassos</u>	<u>20 1/2 Balcom Road</u>	<u>Foster, RI</u>	<u>02825</u>
TREASURER <u>James Geremia</u>	<u>102 Gentian Drive</u>	<u>Wakefield, RI</u>	<u>02879</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>See Attached Exhibit A</u>			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>1,000</u>	<u>common \$1.00 par value</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>500</u>	<u>common \$1.00 par value</u>

Date Feb 20, 19 95

By: John Travassos

John Travassos  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

GARY R. FANNONE  
321 SOUTH MAIN STREET, SUITE 200  
PROVIDENCE RI 02903

**FILED**

FEB 22 1995

By AMT#29  
2404

EXHIBIT A  
TO 1995 ANNUAL REPORT

TRAVASSOS-GEREMIA & ASSOCIATES, INC.

BOARD OF DIRECTORS

<u>Name</u>	<u>Address</u>
John Travassos	20 1/2 Balcom Road Foster, RI 02825
James Geremia	102 Gentian Drive Wakefield, RI 02879
Sharon A. Travassos	20 1/2 Balcom Road Foster, RI 02825
Deborah A. Geremia	102 Gentian Drive Wakefield, RI 02879

Filing Fee \$60.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401 277-3040

File Annually  
LLC Sept 1 - Nov. 1  
CORP Jan 1 - March 1

Corporate ID: 0071087 Annual Report for the year: 1994

Name of Business Entity: TRAVASSOS-GEREMIA & ASSOCIATES, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

272 West Exchange Street

Suite 201

Providence, RI 02903

Phone: 401 454-7000

Business Entity is (check one)

- ☐ Business Corporation (See RIGL Chapter 7-1.1)  
☒ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

John Travassos, President

Travassos-Geremia & Associates, Inc.

272 West Exchange Street - Suite 201

Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island  
Environmental Engineering and Consulting.

Date of Organization: January 22, 1993

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Class 000)			
<u>John Travassos</u>	<u>20 1/2 Balcom Road</u>	<u>Foster, RI</u>	<u>02825</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Class 001)			
<u>James Geremia</u>	<u>102 Gention Drive</u>	<u>Wakefield, RI</u>	<u>02879</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Class 002)			
<u>John Travassos</u>	<u>20 1/2 Balcom Road</u>	<u>Foster, RI</u>	<u>02825</u>
<input type="checkbox"/> TREASURER OR <input checked="" type="checkbox"/> ADDITIONAL OFFICER (Class 003)			
<u>James Geremia</u>	<u>102 Gention Drive</u>	<u>Wakefield, RI</u>	<u>02879</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>See Attached Exhibit A</u>			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

CLASS common

SERIES

PAR VALUE OR  
WITHOUT PAR \$1.00 par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 500

CLASS common

SERIES

PAR VALUE OR  
WITHOUT PAR \$1.00 par value

Date March 10 19 94

By

John Travassos  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 - 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

GARY R. PANNONE  
321 SOUTH MAIN STREET, SUITE 200  
PROVIDENCE RI 02903

FILED  
APR 1 1994  
BY AMT#29  
1971

EXHIBIT A  
TO 1994 ANNUAL REPORT

TRAVASSOS-GEREMIA & ASSOCIATES, INC.

BOARD OF DIRECTORS

<u>Name</u>	<u>Address</u>
John Travassos	20 1/2 Balcom Road Foster, RI 02825
James Geremia	102 Gentian Drive Wakefield, RI 02879
Sharon A. Travassos	20 1/2 Balcom Road Foster, RI 02825
Deborah A. Geremia	102 Gentian Drive Wakefield, RI 02879