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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED STAMP
JAN 27 2021
BY 595705

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
000513916	ECO-TECH SUPPLY, INC.		
3. Principal Office Address	City	State	Zip
400 SOUTH COUNTY TRAIL	EXETER	RI	02822
4. NAICS Code: 541690	6. Brief description of the character of business conducted in Rhode Island: **For the design, marketing, sales, distribution and services of wastewater technology and other environmental technologies.**		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DANIEL R. COTTA			Vice-President Name: MATTHEW J. COTTA		
Street Address: 400 South County Trail, Suite A201			Street Address: 400 South County Trail, Suite A201		
City: Exeter	State: RI	Zip: 02822	City: Exeter	State: RI	Zip: 02822
Secretary Name: PATRICK FREEMAN			Treasurer Name: DANIEL R. COTTA		
Street Address: 400 South County Trail			Street Address: 400 South County Trail		
City: Exeter	State: RI	Zip: 02822	City: Exeter	State: RI	Zip: 02822

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: DANIEL R. COTTA			Director Name: MATTHEW J. COTTA		
Street Address: 400 South County Trail, Suite A201			Street Address: 400 South County Trail, Suite A201		
City: Exeter	State: RI	Zip: 02822	City: Exeter	State: RI	Zip: 02822
Director Name: **PATRICK FREEMAN**			Director Name:		
Street Address: 400 South County Trail, Suite A201			Street Address:		
City: Exeter	State: RI	Zip: 02822	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	2000	COMMON	.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
DANIEL R. COTTA	1/15/21

Signature of Authorized Representative: Daniel R. Cotta — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017