RI SOS Filing Number: 2021888888360 Date: 1/29/2021 4:00:00 PM

Department of	Division	ivision FIL 3D					
Annual Report for the year: 2021 Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00			JAN 29 2021 BY ULOGO ()				
→ Penalty: Additional \$25	.00 fee if form is no	ot filed by April 1.			700	المال.	
Entity ID Number	2. Exact nam	e of the Corporation	on				
87855	Theodore F.	Theodore F. Low & Associates, Inc.					
3. Principal Office Address 95 Blackstone Blvd.			City Providence		State RI	Zip 02906	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business co	onducted in Rhode	Island	L	
541620 5. State of Incorporation Rhode Island	Environmen	Environmental Consultants and related activities.					
7. List ALL officers (names an	id addresses)			Chack	the box to indi	cate an attachment C	
President Name Emily Boenning			Check the box to indicate an attachment Vice-President Name				
Street Address 95 Blackstone Blvd.			Street Address				
City Providence	State R1	Zip 02906	City		State	Zıp	
Secretary Name Theodore F. Low			Treasurer Name Kay H. Low				
Street Address 95 Blackstone Blvd.			Street Address 95 Blackstone Blvd.				
City Providence	State RI	Zip 02906	City Providen		State RI	- Zip ()2906	
8 List ALL directors (names a	and addresses)	•		Check	k the box to indi	cate an attachment	
Director Name Same as above			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9 Shares Authorized	<u> </u>	10. Shares is	I ssued	Check	<u> </u>	cate an attachment	
•	information is currently of record in the		OF SHARES	CLASS/SERI		PAR VALUE	
Department of State. Changes require an additional filing.		500	500			No Par	
11. This report must be executrustee, this report must be ex Under penalty of perjury, I de	xecuted on behalf o	f the corporation by	y the receiver or tri	ustee.			
statements, and that all sta	tements contained	i herein are true a	nd correct.	any acco			
Name of Authorized Represe		· · · · · · · · · · · · · · · · · · ·	Date /_ /_	3-21			
Signature of Authorized Repri	esenta(iVe				1 ' '-		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov