State of Rhode Island

Department of State - Business Services Division

FILED

JAN 29 2021

BY

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			
87855	Theodore F. Low & Associates, Inc.			
3. Principal Office Address		City	State	Zip
95 Blackstone Blvd.		Providence	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541620	Environmental Consultants and related activities.			
5. State of Incorporation				
Rhode Island				

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

President Name: Emily Boenning			Vice-President Name:		
Street Address: 95 Blackstone Blvd.			Street Address:		
City: Providence	State: RI	Zip: 02906	City:	State:	Zip:
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: Providence	State: RI	Zip: 02906

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

Director Name: Same as above			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	500	Common	No Par
Changes require an additional filing.			

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
Emily L Boenning	1-13-21

Signature of Authorized Representative: Emily L Boenning

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