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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 000513916	2. Exact name of the Corporation ECO-TECH SUPPLY, INC.					
l ·			City EXETER		State RI	Zip 02822
4. NAICS Code	6. Brief description	on of the character	of business conducted in Rhode Island			
541330	For the design, marketing, sales, distribution and services of wastewater					
5. State of Incorporation RHODE ISLAND	technology and other environmental technologies.					
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name MATTHEW J. COTTA			Vice-President Name PATRICK FREEMAN			
Street Address 400 South County Trail, Suite A201			Street Address 400 South County Trail, Suite A201			
<sup>City</sup> Exeter	State RI	<sup>Žip</sup> 02822	City		State	Z·p
Secretary Name PATRICK FREEMAN			Treasurer Name MATTHEW J. COTTA			
Street Address same			Street Address same			
City	State	Zip	City		State	Zip
8. List ALL directors (names and addresses)  Check the box to indicate an attachment						
Director Name MATTHEW J. COTTA			Director Name PATRICK FREEMAN			
Street Address 400 South County Trail, Suite A201			Street Address 400 South County Trail, Suite A201			
<sup>City</sup> Exeter	State RI	<sup>Zip</sup> 02822	City Exeter	- <del> </del>	State RI	<sup>Z<sub>1</sub>p</sup> 02822
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zıp
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment CLASSISERIES PAR VALUE		
This information is currently of record in the Department of State.  Changes require an additional filing.		2000				NONE
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 MATTHEW J. COTTA, PRESIDENT					Date 2/7/12	
MATTHEW J. COTTA, PRESIDENT  Signature of Authorized Representative  3/3/23						

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