



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.

FILED

APR 07 2023

BY 4285
DS

1. Entity ID Number 1065161		2. Exact name of the Corporation Environmental Consulting and Management, Inc.			
3. Principal Office Address 50 Kickemuit Avenue		City Bristol		State RI	Zip 02809
4. NAICS Code 541620	6. Brief description of the character of business conducted in Rhode Island Environmental consulting.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maryellen C. Simas		Vice-President Name Daniel Simas			
Street Address 50 Kickemuit Avenue		Street Address 50 Kickemuit Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Francisco D. Simas		Treasurer Name Maryellen C. Simas			
Street Address 50 Kickemuit Avenue		Street Address 50 Kickemuit Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None.		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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par Value
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 Maryellen C. Simas, President				Date 4/1/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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