



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2023 SEP 27 P 12:03

STAMP

1. Entity ID Number <b>00126288</b>		2. Exact name of the Corporation <b>Applied Water Management, Inc.</b>			
3. Principal Office Address <b>170 Township Line Rd Bldg C</b>			City <b>Hillsborough</b>	State <b>NJ</b>	Zip <b>08844</b>
4. NAICS Code <b>562000</b>		6. Brief description of the character of business conducted in Rhode Island <b>DESIGN, CONSTRUCTION, OPERATION, MAINTENANCE OF WATER AND WASTE WATER SYSTEMS</b>			
5. State of Incorporation <b>NJ</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William Massa</b>			Vice-President Name <b>Zach Gallagher</b>		
Street Address <b>529 North Spring Rd</b>			Street Address <b>170 Township Line Road</b>		
City <b>Villanova</b>	State <b>PA</b>	Zip <b>19085</b>	City <b>Hillsborough</b>	State <b>NJ</b>	Zip <b>08844</b>
Secretary Name <b>Deborah Burke</b>			Treasurer Name		
Street Address <b>556 Pleasant View Rd</b>			Street Address		
City <b>Hillsborough</b>	State <b>NJ</b>	Zip <b>08844</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1000		Common	
				PAR VALUE	
				100	
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. <b>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.</b>					
Name of Authorized Representative <b>Deborah Burke</b>				Date <b>08/31/2023</b>	
Signature of Authorized Representative					

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

FILED  
 SEP 27 2023  
 BY ML 28968  
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