



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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

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>	City <b>Hillsborough</b>	State <b>NJ</b>
Zip <b>19085</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>	City	State
Zip <b>08844</b>		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	Common
			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.			
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 <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  
FORM 630 - Revised: 2/2023

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