

State of Rhode Island  
Department of State - Business Services Division

**FILED**

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.

OCT 10 2023  
BY [Signature]  
DS

1. Entity ID Number <u>126088</u>		2. Exact name of the Corporation APPLIED WATER MANAGEMENT, INC.				
3. Principal Office Address 170 TOWNSHIP LINE RD BLDG C			City HILLSBOROUGH	State NJ	Zip 08844	
4. NAICS Code 562000		6. Brief description of the character of business conducted in Rhode Island WASTEWATER ENGINEER				
5. State of Incorporation NJ						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>	
President Name WILLIAM MASSA			Vice-President Name ZACH GALLAGHER			
Street Address 529 NORTH SPRING RD			Street Address 170 TOWNSHIP LINE RD BLDC			
City VILLANOVA	State PA	Zip 19085	City HILLSBOROUGH	State NJ	Zip 08844	
Secretary Name DEBORAH BURKE			Treasurer Name			
Street Address 556 PLEASANT VIEW ROAD			Street Address			
City HILLSBOROUGH	State NJ	Zip 08844	City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					<input type="checkbox"/>	
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</span>				<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	
		1000		COMMON	.00	
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 <u>[Signature]</u>					Date 9/14/23	
Signature of Authorized Representative JENNIFER COHN						

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
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Website: www.sos.ri.gov