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
OCT 10 2023
BY 5097 DS

1. Entity ID Number	2. Exact name of the Corporation			
[redacted]	APPLIED WATER MANAGEMENT, INC.			
3. Principal Office Address		City	State	Zip
170 TOWNSHIP LINE RD BLDG C		HILLSBOROUGH	NJ	08844
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
562000				
5. State of Incorporation				
NJ	WASTEWATER ENGINEE			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
WILLIAM MASSA			ZACH GALLAGHER		
Street Address			Street Address		
529 NORTH SPRING RD			170 TOWNSHIP LINE RD BLDG		
City	State	Zip	City	State	Zip
VILLANOVA	PA	19085	HILLSBOROUGH	NJ	08844
Secretary Name			Treasurer Name		
DEBORAH BURKE					
Street Address			Street Address		
556 PLEASANT VIEW ROAD					
City	State	Zip	City	State	Zip
HILLSBOROUGH	NJ	08844			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Signature of Authorized Representative: JENNIFER COHN	9/14/23

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

FORM 630 - Revised: 11/2021