RI SOS Filing Number: 202445583780 Date: 2/1/2024 4:00:00 PM

Department of S	State of Rhode Island  Department of State - Business Services Division					FILED		
nnual Report for the year: 2024 orporation					FEB 91 2024			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					BY 1 1900;			
1. Entity ID Number	2. Exact name	of the Corporation						
000071087	James J	James J. Geremia & Associates, Inc.						
3. Principal Office Address 272 West Exchange Street, Suite 201			City Provide		State RI	2: <sub>1</sub> 0	2903	
4. NAICS Code	6. Brief descrip	ption of the characte	er of busines:	s conducted in Rhode	e Island			
541330	Environme	Environmental Engineering and Consulting						
5. State of Incorporation RI	]							
7. List ALL officers (names and a	ddresses)		Jugan Denaid		box to indic	ate an attach	ment 🗆	
President Name James J. Geremia				Vice-President Name None				
Street Address 272 West Exchange Street, Suite 201				Street Address City State Zip				
City Providence	State RI	<sup>Zip</sup> 02903	City		State		μ 	
Secretary Name James J. Geremia				Treasurer Name James J. Geremia				
Street Address 272 West Exc	hange Street	t, Suite 201	Street Addr	ess 272 West Ex	change :			
<sup>City</sup> Providence	State RI	<sup>Žip</sup> 02903	<sup>City</sup> Providence			۲۱ (۲ <u>۰</u>	2903	
8. List ALL directors (names and	addresses)		Director Na			cate an attach	ment [_]	
James J. Geremia				Deboran A. Geremia				
Street Address 272 West Exchange Street, Suite 201				Street Address 272 West Exchange Street, Suite 201				
City Providence	State R1	<sup>Zip</sup> 02903	City Providence		State	State RI 02903		
Director Name		<u></u>	Director Name					
Street Address	Street Address							
City	State	Zip	City		State	Zi	ρ	
9. Shares Authorized		10. Shares Iss				icate an attac	hment_[	
This information is currently of re- Department of State.	•		SHARES	common	¢4.00			
Changes require an additional filing.		245						
11. This report must be executed ceiver or trustee, this report must	t he everyted on	hehalf of the coroo	ration by the	receiver or trustee.				
Under penalty of periury, I dec	lare and affirm t	hat I have examin	ed this repoi	rt, including any ac	companying	g schedules i	and	
statements, and that all statements contained herein are true and Name of Authorized Representative					Date			
James J. Geremia		J			January 29, 2024			
Signature of Authorized Represe	Isen	•			<u>_</u> _			

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