

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 Corporation

FILED

Filing period: February 1 - May 1

Filing Fee: \$50.00

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

Entity ID Number		of the Corporation						
000071087		James J. Geremia & Associates, Inc.						
3. Principal Office Address 272 West Exchange Street, Suite 201			City Provide	ence	State RI		^{Zip} 02903	
4. NAICS Code	6. Brief descrip	otion of the characte	er of busines:	s conducted in Rhode	sisland			
541330	Environme	Environmental Engineering and Consulting						
5. State of Incorporation RI	(resses) Check the box to indicate an attachment							
List ALL officers (names and a	ddresses)		Julian Dennid		box to indica	ite an att	achment 🔲	
President Name James J. Ger	Vice-President Name None							
Street Address 272 West Exchange Street, Suite 201				Street Address				
^{City} Providence	State RI	^{Zip} 02903	City	City State			Zip	
Secretary Name James J. Geremia			Treasurer Name James J. Geremia					
Street Address 272 West Exchange Street, Suite 201			Street Address 272 West Exchange Street, Suite 201					
^{City} Providence	State RI	^{Žip} 02903	City Prov	Providence		1	^{Zip} 02903	
8. List ALL directors (names and	addresses)			Check the	box to indic	ate an at	tachment 💭	
Director Name James J. Geremia				Deborah A. Geremia				
Street Address 272 West Exc	Street Address 272 West Exchange Street, Suite 201							
City Providence	State R1	^{Zip} 02903	City Providence		State F	State RI Zip 02903		
Director Name			Director Name					
Street Address	Street Address							
City	State	Zip	City	State			Zip	
9. Shares Authorized		10. Shares Iss				cate an a	ttachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	NUMBER OF SPARES		RIES	\$1.00		
		2.70		common				
11. This report must be executed	on behalf of the	compration by an a	uthorized rec	resentative. If the co	rporation is in	n the har	nds of a re-	
animar or toucton, this connect mus	t he executed 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	π, including any acc	:ompanying 	301180U	rea anv	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative					Date			
James J. Geremia				<u> </u>	Janu	ary 29,	, 2024	
Signature of Authorized Represe	entative							

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov