

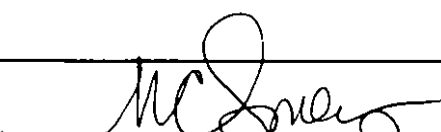


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDGERS BSD
24 FEB 5 PM 1:45:30
STAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 001065161		2. Exact name of the Corporation Environmental Consulting and Management, Inc.					
3. Principal Office Address 50 Kickemuit Avenue		City Bristol		State RI	Zip 02809		
4. NAICS Code 541620		6. Brief description of the character of business conducted in Rhode Island Environmental consulting.					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Maryellen C. Simas			Vice-President Name Daniel Simas				
Street Address 50 Kickemuit Avenue			Street Address 50 Kickemuit Avenue				
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
Secretary Name Francisco D. Simas			Treasurer Name Maryellen C. Simas				
Street Address 50 Kickemuit Avenue			Street Address 50 Kickemuit Avenue				
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <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 Check the box to indicate an attachment <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
			100			Common Shares	no par value
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.							
<i>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.</i>							
Name of Authorized Representative Maryellen C. Simas				Date 1/30/2024			
Signature of Authorized Representative 				FEB - 5 2024			

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

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