RI SOS Filing Number: 202454560040 Date: 5/2/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

Filing period: February 1 - May 1

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SECRETARY OF STATE	
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→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	ee if form is not fi	led by May 31.					20 20		
Entity ID Number 2. Exact name of the Corporation									
131890	GALLAGHER ENVIRONMENTAL CONSULTING GROUP, INC.								
3. Principal Office Address			City		State		Zıp		
180 East Shore Road			Jamestown		RI		02835		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
541620	general environmental, safety & health consultant & advisory business								
5. State of Incorporation									
RI	relating to the operation of businesses, plants, real & personal properties								
7. List ALL officers (names and add									
President Name Robert J. Gallagher			Vice-President Name						
180 East Shore Road			Street Address						
^{City} Jamestown	State RI	^{Zip} 02835	City		State		Zip		
Secretary Name Robert J. Galla	gher	Treasurer Name Robert J. Gallagh							
180 East Shore Road			Street Address 180 East Shore Road						
^{City} Jamestown	State RI	^{Zip} 02835	City Jamestown		State	RI	Zip 02835		
8. List ALL directors (names and ad	ldresses)	1	1	Check the b	ox to indi	cate an atta	achment 🔲		
Director Name	irector Name Director Name								
Street Address			Street Address						
Office Address			Silber Address						
City	State	Zip	City		State		Zıp		
Director Name	ector Name			Director Name					
Street Address			Street Address						
City	State	Zip	City		State		Zıp		
9. Shares Authorized	10. Shares Issued Check the box to indicate an attachme						tachment 🔲		
This information is currently of record in the		NUMBER OF S	HARES C. ASS/SER		S		PAR VALUE		
Department of State.		500		common		no par			
Changes require an additional filing.			· · -						
11 This report must be executed or	n behalf of the cor	poration by an au	thorized rep	resentative. If the corp	oration is	in the hand	is of a re-		
ceiver or trustee, this report must be					<u>, </u>				
Under penalty of perjury, I declar statements, and that all statemer			•	t, including any accor	npanyini	g schedule	s and		
Name of Authorized Representative		The state of the		FILED	Date				
Robert J. Gallagher					3	-20-2	4		
Signature of Authorized Representative MAY 0 2 2024									
Robert J. Hallogher 33317									
MAIL TO:				<u> </u>					

148 W. River Street, Providence. Rhode Island 02904-2615

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