



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.

RECORDED
 STAMP
 DEPARTMENT OF STATE
 SECRETARY OF STATE
 24 MAY 2024 11:58:39
 US

1. Entity ID Number 131890		2. Exact name of the Corporation GALLAGHER ENVIRONMENTAL CONSULTING GROUP, INC.			
3. Principal Office Address 180 East Shore Road		City Jamestown		State RI	Zip 02835
4. NAICS Code 541620		6. Brief description of the character of business conducted in Rhode Island general environmental, safety & health consultant & advisory business relating to the operation of businesses, plants, real & personal properties			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Gallagher			Vice-President Name		
Street Address 180 East Shore Road			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Robert J. Gallagher			Treasurer Name Robert J. Gallagher		
Street Address 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 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		C. ASS/SERIES	
		500		common	
				PAR VALUE	
				no par	
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 Robert J. Gallagher			FILED		Date 3-20-24
Signature of Authorized Representative <i>Robert J. Gallagher</i>			MAY 02 2024 33317		

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

BY 33317 *RS*