

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003771

**Entity Name:** VEOLIA ENERGY SOLUTIONS, LLC

**Current Principal Place of Business:**

53 STATE STREET  
14TH FL  
BOSTON, MA 02109

**Current Mailing Address:**

53 STATE STREET  
14TH FL  
BOSTON, MA 02109

**FEI Number:** 46-0666705

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           CLARKE, BRIAN J  
Address        53 STATE STREET  
                  14TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title           MANAGER  
Name           CHESSERON, DENIS  
Address        53 STATE STREET, 14TH FL  
City-State-Zip: BOSTON MA 02109

Title           MANAGER  
Name           MAHONEY, DANIEL  
Address        53 STATE STREET  
                  14TH FLOOR  
City-State-Zip: BOSTON MA 02109

Title           ASST. SECRETARY  
Name           FAWCETT, WHITNEY  
Address        120 WATER STREET  
                  SUITE 212  
City-State-Zip: NORTH ANDOVER MA 01845

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WHITNEY FAWCETT

**ASSISTANT SECRETARY    04/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date