2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 03, 2020
Secretary of State
6804039458CC

DOCUMENT# M17000001740

Entity Name: WIND RIVER ENVIRONMENTAL, LLC

Current Principal Place of Business:

46 LIZOTTE DRIVE
MARLBOROUGH, MA 01752

Current Mailing Address:

46 LIZOTTE DRIVE
MARLBOROUGH, MA 01752 US

FEI Number: 04-3487677

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MEMBER
Name	PARRY, DAVID M
Address	46 LIZOTTE DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	CONTROLLER
Name	STRONG, ANTHONY
Address	46 LIZOTTE DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	DIRECTOR OF FLEET
Name	LAPORTE, STEVEN
Address	46 LIZOTTE DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	REGISTERED SEPTIC CONTRACTOR
Name	FILIAN, MICHAEL
Address	7990 MAINLINE PARKWAY
City-State-Zip:	FORT MYERS FL 33912

Title	MEMBER
Name	DUMONT, DONALD P
Address	46 LIZOTTE DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	VP OF OPERATIONS
Name	GORDON, MICHAEL
Address	46 LIZOTTE DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

Title	MASTER PLUMBER
Name	COATES, DANIEL
Address	8892 NORMANDY BLVD
City-State-Zip:	JACKSONVILLE FL 32221

Title	FLEET SPECIALIST
Name	BROWN, JOHN
Address	46 LIZOTTE DRIVE
City-State-Zip:	MARLBOROUGH MA 01752

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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: ANTHONY STRONG CONTROLLER 11/03/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MASTER PLUMBER
Name	CONNER, JAMES
Address	8892 NORMANDY BLVD
City-State-Zip:	JACKSONVILLE FL 32221

Title	REGISTERED SEPTIC CONTRACTOR
Name	CREWS, ROBERT
Address	224 NE 16TH AVE
City-State-Zip:	GAINESVILLE FL 32601

Title	MASTER PLUMBER
Name	RICE, DONALD
Address	3100 SE WAALER STREET
City-State-Zip:	STUART FL 34997

Title	REGISTERED SEPTIC CONTRACTOR
Name	SABINS, DUSTIN
Address	224 SE 16TH AVE
City-State-Zip:	GAINESVILLE FL 32601