

2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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 MEMBER
Name DUMONT, DONALD P
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 VP OF OPERATIONS
Name GORDON, MICHAEL
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 MASTER PLUMBER
Name COATES, DANIEL
Address 8892 NORMANDY BLVD
City-State-Zip: JACKSONVILLE FL 32221

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

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

10/14/2020

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

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

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

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