

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Stree
Providence, RI 02904-261
401.222.304

2008

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_

"Hing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK 
'In accordance with R.I.G.L 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by 
aw (R.I.G.L 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	2. Name of Corpo				<u></u>				
000055369	COVENTR	Y SURVEY CO., IN	C.						
<ol> <li>Street Address Principal Business</li> <li>46 SOUTH MAIN STRE</li> </ol>	Office ET		City COVENTRY	<i>Ζψ</i> 02816					
4. Bustness Phone No. 401-823-5028		5. State of Incorpor	ration						
5. Brief Description of the Character LAND SURVEYING, OWT			· · · · · · · · · · · · · · · · · · ·						
7. NAMES AND ADDRESSES **resident Name PETER D. SUORSA	OF THE OFFIC	CERS: ("X" BOX FOR	ITTACHMENT)  TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  STEPHEN C. DEMING						
Street Address 560 TOWN FARM ROA	D		Street Address 917 PLAINFIELD PIK	917 PLAINFIELD PIKE					
COVENTRY	State RI	<i>Ζφ</i> 02816	GREENE	T)   FILL IN SPACES BEFORE USING ATTACHMENTS sident Name  HEN C. DEMING  Idress PLAINFIELD PIKE  ENE   State   Zip   02827  P. Name  A. DEMING  Idress LAINFIELD PIKE  ENE   State   Zip   02827  NT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Name  Idress    State   Zip   02827    State   Zip   02827    State   Zip   02827    NT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Name    Idress   State   Zip     State   Zip     O2827    NT)   State   Zip     O2827					
Secretary Name MARY A. DEMING			Treasurer Name MARY A. DEMING	4					
Street Address 917 PLAINFIELD PIKE	<del>- 1</del>		Street Address 917 PLAINFIELD PIK						
GREENE	State RI	<i>z<sub>ір</sub></i> 0 <b>2827</b>	City GREENE	RI	02827				
3. NAMES AND ADDRESSES Director Name	OF THE DIRE	CTORS: ("X" BOX FO	R ATTACHMENT)  Director Name	PACES BEFORE USI	NG ATTACHMENTS				
Street Address	·		Street Address	Street Address					
City	State	Zip			Ztp				
Director Name	·.J		Director Name						
Street Address			Street Address	Street Address					
City	State	Zip	City	State	Ztp				
). SHARES AUTHORIZED ( AUTHORIZED SHARES	*X" BOX FOR /	(TTACHMENT)	10. SHARES ISSUED (	88 SEE SEE TO THE PROPERTY OF THE PROPERTY OF	e escriber vese perite si 🕶 i i i i i i i i vi ever ever vesi vesi i seco				
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/1900		0	NONE	STK	0.00				
			ric veci						
This report must be executed this report must be executed	on behalf of the	corporation by an aut	horized representative. If the corpeiver or trustee.	poration is in the hand	ds of a receiver or trustee,				

File Date FEB 2 0 2008				V.,						7 335 2 2 2 2 2 3 3 3 3 3 3 3	7 3	-	7	200 200 200 200 200 200 200 200 200 200			8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1900 KI 100 TO 100 KI 100 KI	
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Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

2-8-08

Signature / Signature

7 0 00 Date

rint or Type Name