RI SOS Filing Number: 200810008090 Date: 04/08/2008 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing 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 law (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 Corporation		
C 155436	Reney, Moran + Tivnan, Inc.		
3. Street Address Principal Business Office	City	State	Zip
75 Hammond St	Worcester	MA	01610
4. Business Phone No.	5. State of Incorporation		
5087538400	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
Mortgage Inspection Surveys

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Hossein Haghanizadeh			Daniel Tivnan		
Street Address			Street Address		
27 Pineland Ave			201 Samuel Dr.		
City	State	Zip	City	State	Zip
Worcester	MA	01607	Whitinsville	MA	01588
Secretary Name			**Treasurer Name**		
Hossein Haghanizadeh			Daniel Tivnan		
Street Address			Street Address		
27 Pineland Ave			201 Samuel Dr		
City	State	Zip	City	State	Zip
Worcester	MA	01607	Whitinsville	MA	01588

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Hossein Haghanizadeh			Daniel Tivnan		
Street Address			Street Address		
27 Pineland Ave			201 Samuel Dr		
City	State	Zip	City	State	Zip
Worcester	MA	01607	Whitinsville	MA	01588
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
20,000	common	# NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*
20,000	Common	200
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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.

H-T-H [signature] 3/12/08
Signature *Date*

Hossein Haghanizadeh, P.E.
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. APR 0 8 2008
By: By 4127 + 4294
21657-15-250362
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/06