



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
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. 000017909		2. Name of Corporation R.L. Horridge & Associates, Inc.			
3. Street Address Principal Business Office 601 Jefferson Blvd.			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-738-1290		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Engineering consulting services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Raymond L. Horridge			Vice President Name		
Street Address 91A Nipmuc Trail			Street Address		
City North Providence	State RI	Zip	City	State	Zip
Secretary Name Raymond L. Horridge			Treasurer Name Raymond L. Horridge		
Street Address 91A Nipmuc Trail			Street Address 91A Nipmuc Trail		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Raymond L. Horridge			Director Name		
Street Address 91A Nipmuc Trail			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	No Par Value		0		

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.

FILED
AUG 21 2008
BY AMF
WLB/31

File Date: _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature: Raymond L. Horridge Date: _____
Print or Type Name: Raymond L. Horridge, P.E.
Title: President

SECRETARY OF STATE
CORPORATIONS DIV
AUG 21 12 30 PM '08