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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 2009

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*		
148917	R.A. Giovanetti & Assoc. Consulting Engineers, Inc.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
100 Saint Johns Lane	Mullica Hill	NJ	08062
4. Business Phone No.	*5. State of Incorporation*		
	New Jersey		

6. Brief Description of the Character of Business Conducted in Rhode Island
Perform consulting engineering.

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

President Name			*Vice President Name*		
Richard A. Giovanetti			Mark S. Shulman		
Street Address			*Street Address*		
370 Reed Road, Suite 201			370 Reed Road, Suite 201		
City	*State*	*Zip*	*City*	*State*	*Zip*
Broomall	PA	19008	Broomall	PA	19008
Secretary Name			*Treasurer Name*		
Mark S. Shulman			Connie M. Giovanetti		
Street Address			*Street Address*		
370 Reed Road, Suite 201			370 Reed Road, Suite 201		
City	*State*	*Zip*	*City*	*State*	*Zip*
Broomall	PA	19008	Broomall	PA	19008

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

Director Name			*Director Name*		
Mark S. Shulman			Richard A. Giovanetti		
Street Address			*Street Address*		
370 Reed Road, Suite 201			370 Reed Road, Suite 201		
City	*State*	*Zip*	*City*	*State*	*Zip*
Broomall	PA	19008	Broomall	PA	19008
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*
1,000 Comm $1.00 Par Value		

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
612	Common	$1.00

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.

2-13-09
Signature *Date*

Richard A. Giovanetti
Print or Type Name

[redacted] President
Title

FILED
File Date FEB 18 2009
Check No. By 3868
By:
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31277-6-348724

Form 630 Rev. 12/06