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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			
14354	N. Veltri Survey, Inc.			
3. Street Address Principal Business Office		City	State	Zip
190 Putnam Avenue 2D		Johnston	R.I.	02919
4. Business Phone No.	5. State of Incorporation			
(401) 231-3200	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Land Surveying

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

President Name	Street Address	City	State	Zip
Nicholas Veltri	190 Putnam Avenue	Johnston	R.I.	02919

Vice President Name	Street Address	City	State	Zip
Nicholas Veltri	190 Putnam Avenue	Johnston	R.I.	02919

Secretary Name	Street Address	City	State	Zip
Nicholas Veltri	190 Putnam Avenue	Johnston	R.I.	02919

Treasurer Name	Street Address	City	State	Zip
Nicholas Veltri	190 Putnam Avenue	Johnston	R.I.	02919

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	$1.00 Par Value	
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.

Signature — Date: 2/17/09

~~President~~, Nicholas Veltri
Print or Type Name

PRESIDENT
Title

[redacted]

FILED
File Date: FEB 19 2009
Check No.
By: ISV
By: 31290-17-348860
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Form 630 Rev. 08/08