

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 consension failing or refusion to 61e in sound report within them. (20) January 1.

1. Corporate ID No. 39284	Heritage C	2. Name of Corporation Heritage Consulting Group, Inc.				
3. Street Address Principal Business Office 225 NEWMAN AVENUE			City East Providence	State RI	<i>Zip</i> 02916	
4. Business Phone No. 401-438-9755 5. State of Incorporation Rhode Island						
6. Brief Description of the Ch Business and urban o	development consult	ants.			, , , , , , , , , , , , , , , , , , ,	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Douglas H. Johnson			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name NONE			
Street Address 15 Walker Street			Street Address			
City Seekonk	State MA	^{Ζ.ίρ} 02771	City	State	Zip	
Secretary Name Douglas H. Johnson			Treasurer Name Douglas H. Johnson			
Street Address 15 Walker Street			Street Address 15 Walker Street			
City Seekonk	State MA	^{Zip} 02771	City Seekonk	State MA	^{Zip} 02771	
Director Name Douglas H. Johnsor		ECTORS: ("X" BOX FOR AT	TACHMENT) THE FILL IN S	SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 15 Walker Street			Street Address			
cuy Seekonk	State MA	Ζір 02771	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City:	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is cur	rently of record in th	ne Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			2000	Common	No Par Value	
This report must be executive the case of	ecuted on behalf of the	ne corporation by an authorize	d representative. If the corpor trustee.	poration is in the hand	s of a receiver or truste	

File Date	2-23-09			
Check No	1102			
Ву:	mnc			
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	Date			
Douglas H. Johnson				
Print or Type Name				
President				
Title				
	Form 630 Rev. 08/08			