



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 2010

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. 000139057		2. Name of Corporation CIVIL CADD SERVICES INC			
3. Street Address Principal Business Office 150 HIGGINSON AVENUE			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-419-9791		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE ENGINEERING CONSULTING AND LAND SURVEYING SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ERIC J WISHART			Vice President Name ERIC J WISHART		
Street Address 150 HIGGINSON AVENUE		Street Address 150 HIGGINSON AVENUE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name ERIC J WISHART			Treasurer Name ERIC J WISHART		
Street Address 150 HIGGINSON AVENUE		Street Address 150 HIGGINSON AVENUE			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares NONE 1000	Class/Series CWP	Par Value \$0.01

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

JAN 06 2010

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: Eric J. Wishart Date: 1/2/2010

ERIC J WISHART

Print or Type Name

PRESIDENT

Title