

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

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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. 7-1.2-150).

subject to a penalty fee of \$25.00.		uting or rejusing to file its an	nual report within thirty (30) days afte	r the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 263394	2. Name of Corporation Veri/Waterman Associates, Inc.				
3. Street Address Principal Business Office 60 Ship Street			Providence	State RI	^{Zip} 02903
4. Business Phone No. 5. State of Incorporation Rhode Is			land		
6. Brief Description of the Character Landscape arch 7. NAMES AND ADDRESSES President Name	itectural a	nd civil ena	ineering design	consulting	services. TACHMENTS
James R. Waterman			Vice President Name N/A		
Street Address			Street Address		
Westborough	State MA	^{Δτρ} 01581	City	State	Zıp
Secretary Name Dionne J. Waterman			Treasurer Name James R. Waterman		
Street Address 31 East Main Street			Street Address 10 Kendall Drive		
Westborough	State MA	Ζψ 01581	City Westborough	State MA	_{Дф} 01581
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			CACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
James R. Waterman Street Address			Street Address		
10 Kendall Drive					
Westborough	State MA	01581	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) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			1,000 Comm No	Par Value	
				<u></u>	
This report must be executed this report must be executed or	on behalf of the corpo on behalf of the corpo	oration by an authorize ration by the receiver of	d representative. If the corpor or trustee.	ation is in the hands of	a receiver or trustee.
			Under penalty of perjury	, I declare and affirm that	l have examined this report,
File Date FILE		contained herein are true	and correct.	ents, and that all statements $1/5/2010$	
Check No. JAN 15	2010		Signature	tarman	Date
By ()=	مال		Print or Type Name	terman	
FOR SECRETARY OF STATE USE ONLY					

Title