



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. 22519		2. Name of Corporation RUBIEN ENGR+CONSULTING CORP			
3. Street Address Principal Business Office 2 WOODSIA RD		City SAUNDERSTOWN	State RI	Zip 02874	
4. Business Phone No. (401) 294-9474		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE CONSULTING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVED E. RUBIEN		Vice President Name PAULA R. RUBIEN			
Street Address 2 WOODSIA RD		Street Address 2 WOODSIA RD			
City SAUNDERSTOWN	State RI	Zip 02874	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name PAULA R. RUBIEN		Treasurer Name DAVED E. RUBIEN			
Street Address AS ABOVE		Street Address AS ABOVE			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVED E. RUBIEN		Director Name PAULA R. RUBIEN			
Street Address AS ABOVE		Street Address AS ABOVE			
City	State	Zip	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) ☐		
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 1,000 COMM NO PAR VALUE	Class/Series 300	Par Value NO PAR VALUE

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	
File Date	FEB 01 2010
Check No.	34 5539
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
DAVED E. RUBIEN
Date
1/24/10
Print or Type Name
PRES
Title