



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. 9362		2. Name of Corporation SCITUATE SURVEYS, INC.			
3. Street Address Principal Business Office 410 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 401-821-8101		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANGELO M. RAIMONDI			Vice President Name JOHN MENSINGER		
Street Address 489 ROCKY HILL ROAD			Street Address 72 BLUFF AVENUE		
City NORTH SCITUATE	State RI	Zip 02857	City CRANSTON	State RI	Zip 02905
Secretary Name JOHN MENSINGER			Treasurer Name ANGELO M. RAIMONDI		
Street Address 72 BLUFF AVENUE			Street Address 489 ROCKY HILL ROAD		
City CRANSTON	State RI	Zip 02905	City NORTH SCITUATE	State RI	Zip 02857
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	Class/Series	Par Value
			1,000	COMMON	

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.

File Date	2-5-2010
Check No.	18198
By:	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: Angelo M. Raimondi Date: 1/15/10
Print or Type Name: Angelo M. Raimondi
Title: President