RI SOS Filing Number: 201176125120 Date: 02/28/2011 4:00 PM

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 2011

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.	2. Name of Corporation
74173	Guerriere & Halnon, Inc.

3. Street Address Principal Business Office	City	State	Zip
333 West Street	Milford	MA	01757

4. Business Phone No.	5. State of Incorporation
508-473-6630	Massachusetts

6. Brief Description of the Character of Business Conducted in Rhode Island
Perform Professional Land Surveying Services

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Louis L. Guerriere	Louis L. Guerriere
Street Address: 333 West Street	Street Address: 333 West Street
City: Milford State: MA Zip: 01757	City: Milford State: MA Zip: 01757
Secretary Name	**Treasurer Name**
Louis L. Guerriere	Louis L. Guerriere
Street Address: 333 West Street	Street Address: 333 West Street
City: Milford State: MA Zip: 01757	City: Milford State: MA Zip: 01757

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Louis L. Guerriere	NONE
Street Address: 333 West Street	Street Address:
City: Milford State: MA Zip: 01757	City: State: Zip:
Director Name	**Director Name**
NONE	NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
7,500 COMM NO	NONE	
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.

[redacted]

FILED

File Date: FEB 28 2011

Check No.: 25045

By: BY

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Louis L. Guerriere — 2-25-2011
Signature — *Date*

Louis L. Guerriere
Print or Type Name

President
Title

[redacted]