



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 2012**

**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. 000084716		2. Name of Corporation BAIRD ENGINEERING, INC.		
3. Street Address Principal Business Office 667 WEST ALLENTON ROAD			City NORTH KINGSTOWN	State RI
			Zip 02852	
4. Business Phone No. 401-295-4403		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE ENGINEERING AND FORENSIC CONSULTANT SERVICES.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JEROLD A. BAIRD		Vice President Name JEROLD A. BAIRD		
Street Address 667 WEST ALLENTON ROAD		Street Address 667 WEST ALLENTON ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI
		Zip 02852		
Secretary Name JEROLD A. BAIRD		Treasurer Name JEROLD A. BAIRD		
Street Address 667 WEST ALLENTON ROAD		Street Address 667 WEST ALLENTON ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI
		Zip 02852		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JEROLD A. BAIRD		Director Name		
Street Address 667 WEST ALLENTON ROAD		Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State
		Zip	Zip	
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
		Zip	Zip	
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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 50	Class/Series COMMON	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 JAN 26 2012  
 Check No. By MNC  
3631  
 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.

Jerald A. Baird 1/25/2012  
 Signature Date  
**JEROLD A. BAIRD**  
 Print or Type Name  
**PRESIDENT**  
 Title