



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 516995		2. Exact name of the Corporation J.M.TURNER ENGINEERING, INC.			
3. Principal office address 1325 COLLEGE AVENUE			City SANTA ROSA	State CA	Zip 95404
4. Business Phone No. 707-528-4503			5. State of Incorporation CALIFORNIA		
6. Brief description of the character of business conducted in Rhode Island CIVIL ENGINEERING SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ADRIANUS J. VERMEULEN			Vice-President Name NONE		
Street Address 1325 COLLEGE AVENUE			Street Address		
City SANTA ROSA	State CA	Zip 95404	City	State	Zip
Secretary Name MEEGHAN E. VERMEULEN			Treasurer Name MEEGHAN E. VERMEULEN		
Street Address 1325 COLLEGE AVENUE			Street Address 1325 COLLEGE AVENUE		
City SANTA ROSA	State CA	Zip 95404	City SANTA ROSA	State CA	Zip 95404
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
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) <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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10	STK	0.00

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 _____

FILED

Check No _____

FEB 16 2012

By: _____

By *mne*

FOR SECRETARY OF STATE USE ONLY

CA # 6746

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] *2/10/12*
 Signature of Authorized Representative Date

ADRIANUS J. VERMEULEN

Print or Type Name of Authorized Representative