



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. 88582		2. Name of Corporation Site Engineering Consultants, Inc.			
3. Street Address Principal Business Office 55 Grape Shot Road			City Sharon	State MA	Zip 02067
4. Business Phone No. 781-784-0326		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide civil engineering consulting and design services for site development related projects.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony Stella			Vice President Name Leah Stella		
Street Address 55 Grape Shot Road			Street Address 55 Grape Shot Road		
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067
Secretary Name Leah Stella			Treasurer Name Anthony Stella		
Street Address 55 Grape Shot Road			Street Address 55 Grape Shot Road		
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067
8. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>		
NUMBER OF SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 NO PAR VALUE			15,000	Common	
			THIS SECTION MUST BE COMPLETED		

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

MAR 01 2012

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.

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

By: *mmc*
CH# 11045

Anthony Stella FEB 26, 2012
Signature Date
Anthony Stella
Print or Type Name
President
Title