



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 2010

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. 000017909		2. Exact name of the Corporation RL HARRIDGE & ASSOCIATES, INC		
3. Principal office address 601 JEFFERSON BLVD		City WARWICK	State RT	Zip 02886
4. Business Phone No. 401-738-1290		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island ENGINEERING CONSULTING SERVICES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name RAYMOND L HARRIDGE		Vice-President Name		
Street Address 91A NIPMUC TRAIL		Street Address		
City NORTH PROVIDENCE	State RT	Zip 02904	City	State Zip
Secretary Name RAYMOND L HARRIDGE		Treasurer Name RAYMOND L HARRIDGE		
Street Address 91A NIPMUC TRAIL		Street Address 91A NIPMUC TRAIL		
City NO. PROV	State RT	Zip 02904	City NO. PROV	State RT
City		State	Zip	City
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name RAYMOND L HARRIDGE		Director Name		
Street Address 91A NIPMUC TRAIL		Street Address		
City NO. PROV	State RI	Zip 02904	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED				
600 NO PAR VALUE 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) <input type="checkbox"/>				
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
0				

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAR 23 PM 2:31

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 _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 23 2012

167065

2:34

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 of Authorized Representative: Raymond L. Harridge Date: 3-23-2012

Signature of Authorized Representative: Raymond L. Harridge
 Print or Type Name of Authorized Representative