



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 2013

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. 131257		2. Exact name of the Corporation SANSOLUCY-CHENG ASSOCIATES, INC								
3. Principal office address 58 HILLTOP AVE.			City PROVIDENCE	State RI	Zip 02908					
4. Business Phone No. 401-274-5547		5. State of Incorporation RI								
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE ENGINEERING DESIGN SERVICES										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name DONALD SANSOLUCY			Vice-President Name							
Street Address 60 HILLTOP AVE.			Street Address							
City PROVIDENCE	State RI	Zip 02908	City	State	Zip					
Secretary Name			Treasurer Name HUANG SANSOLUCY							
Street Address			Street Address 60 HILLTOP AVE							
City	State	Zip	City PROVIDENCE	State RI	Zip 02908					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
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			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		
						0	CS	0		

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 SECRETARIAT OF STATE
 CORPORATIONS DIV

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

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.

Huang Sansolucy 2-4-13
 Signature of Authorized Representative Date

HUANG SANSOLUCY
 Print or Type Name of Authorized Representative

FILED 903

FEB 14 2013

BY 12190070