



**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 2014**

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. <b>117202</b>		2. Exact name of the Corporation PRECISION SURVEYING, INC.		
3. Principal office address 19 Mayfield Street		City Greenville	State RI	Zip 02828
4. Business Phone No. 729-0023		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island operate a surveying company				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
President Name Ronald N. Tubman		Vice-President Name		
Street Address 19 Mayfield St.		Street Address		
City Greenville	State RI	Zip 02828	City	State Zip
Secretary Name Ronald N. Tubman		Treasurer Name Ronald N. Tubman		
Street Address 19 Mayfield St.		Street Address 19 Mayfield St.		
City Greenville	State RI	Zip 02828	City Greenville	State RI Zip 02828
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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
		51	common	\$1.00

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 \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 FEB 14 2014  
 3018

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.

*Ronald N. Tubman* 2/1/14  
 Signature of Authorized Representative Date  
 Ronald N. Tubman

Print or Type Name of Authorized Representative