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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.	2. Exact name of the Corporation
100792	Commonwealth Land Surveyors, Inc.

3. Principal office address	City	State	Zip
1182 South Main Street, 2nd Floor	Attleboro	MA	02703

4. Business Phone No.	5. State of Incorporation
(508) 455-2634	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To conduct, manage and carry on business of land surveyors and biologists and to do surveying work of all types

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Curt Nunes	
Street Address	**Street Address**
1182 South Main Street, 2nd Floor	
City / State / Zip	**City / State / Zip**
Attleboro / MA / 02703	
Secretary Name	**Treasurer Name**
Curt Nunes	Curt Nunes
Street Address	**Street Address**
1182 South Main Street, 2nd Floor	1182 South Main Street, 2nd Floor
City / State / Zip	**City / State / Zip**
Attleboro / MA / 02703	Attleboro / MA / 02703

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Curt Nunes	
Street Address	**Street Address**
1182 South Main Street, 2nd Floor	
City / State / Zip	**City / State / Zip**
Attleboro / MA / 02703	
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

9. SHARES AUTHORIZED

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000		no par value

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 04 2014
BY 3471

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 — Date: 1/30/14

Curt Nunes
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103593-17-950724