



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. 154665		2. Exact name of the Corporation Preseis Inc.					
3. Principal office address 604 Daniel Webster Highway Suite 109				City Merrimack		State NH	Zip 03054
4. Business Phone No. 603-627-9221			5. State of Incorporation New Hampshire				
6. Brief description of the character of business conducted in Rhode Island Blast Vibration Consultants							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Darren Haggerty			Vice-President Name				
Street Address 604 Daniel Webster Highway Suite 109			Street Address				
City Merrimack	State NH	Zip 03054	City		State	Zip	
Secretary Name Darren Haggerty			Treasurer Name				
Street Address 604 Daniel Webster Highway Suite 109			Street Address				
City Merrimack	State NH	Zip 03054	City		State	Zip	
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	
			5	common		none	

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
JUN 12 2014
 9826

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.

Michael Fahey **06/03/2014**
 Signature of Authorized Representative Date
Michael Fahey - Bookkeeper
 Print or Type Name of Authorized Representative