



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. 90552		2. Exact name of the Corporation McNamara/Salvia, Inc.								
3. Principal office address 160 Federal Street		City Boston		State MA	Zip 02110					
4. Business Phone No. 617-737-0040		5. State of Incorporation Massachusetts								
6. Brief description of the character of business conducted in Rhode Island Consulting Engineers										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Adam C. McCarthy			Vice-President Name John S. Matuszewski							
Street Address 3 Saddle Hill Road			Street Address 17 Bennington Road							
City Hopkinton	State MA	Zip 01748	City Windham	State NH	Zip 03087					
Secretary Name MaryEllen de Saro			Treasurer Name Benjamin B. Wild							
Street Address 316 Randall Road			Street Address 78 Rutland Street							
City Berlin	State MA	Zip 01503	City Boston	State MA	Zip 02118					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
Director Name Adam C. McCarthy			Director Name John S. Matuszewski							
Street Address 3 Saddle Hill Road			Street Address 17 Bennington Road							
City Hopkinton	State MA	Zip 01748	City Windham	State NH	Zip 03087					
Director Name Mark F. Aho			Director Name Benjamin B. Wild							
Street Address 477 Lake Avenue			Street Address 78 Rutland Street							
City Worcester	State MA	Zip 01604	City Boston	State MA	Zip 02118					
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		
						1,000	CWP	.01		

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

JUL 11 2014

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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.

MaryEllen de Saro 07/09/2014
 Signature of Authorized Representative Date

MaryEllen de Saro

Print or Type Name of Authorized Representative

Joseph A. Salvia
45 Mt. Vernon Street, 4B
Boston, MA 02108

Robert J. McNamara
HC1 Box 125B River Road
Thornhurst, PA 18424

Neil A. Atkinson
18 Coventry Road
Windham, NH 03087

MaryEllen de Saro
316 Randall Road
Berlin, MA 01503