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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 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.	2. Exact name of the Corporation			
5099954	**Geocomp Consulting, Inc.**			
3. Principal office address: **125 Nagog Park**		City: **Acton**	State: **MA**	Zip: **01720**
4. Business Phone No.: **978-635-0012**		5. State of Incorporation: **MA**		
6. Brief description of the character of business conducted in Rhode Island: **Engineering Services**				

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

President Name: **W. Allen Marr**			Vice-President Name		
Street Address: **125 Nagog Park**			Street Address		
City: **Acton**	State: **MA**	Zip: **01720**	City	State	Zip
Secretary Name: **W. Allen Marr**			Treasurer Name: **W. Allen Marr**		
Street Address: **125 Nagog Park**			Street Address: **125 Nagog Park**		
City: **Acton**	State: **MA**	Zip: **01720**	City: **Acton**	State: **MA**	Zip: **01720**

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

Director Name: **W. Allen Marr**			Director Name		
Street Address: **125 Nagog Park**			Street Address		
City: **Acton**	State: **MA**	Zip: **01720**	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	Common	

2014 JUL 24 AM 11:43 SECRETARY 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.

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.

W. Allen Marr — 07/17/2014
Signature of Authorized Representative — Date

W. Allen Marr
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
File Date _____
Check No _____
By: _____

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By 229122 KM
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Form No. 630
Revised: 01/2012

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