



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 **2015**

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. 42154		2. Exact name of the Corporation NATIONAL LAND SURVEYORS-DEVELOPERS, INC.			
3. Principal office address 42 HAMLET AVE		City WOONSOCKET	State RI	Zip 02895	
4. Business Phone No. 401-769-7779		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN LAND SURVEYING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NORBERT A. THERIEN			Vice-President Name JEANNE THERIEN		
Street Address 42 HAMLET AVE			Street Address 42 HAMLET AVE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name NORBERT A. THERIEN			Treasurer Name JEANNE THERIEN		
Street Address 42 HAMLET AVE			Street Address 42 HAMLET AVE		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NORBERT A. THERIEN			Director Name NONE		
Street Address 42 HAMLET AVE			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name NONE			Director Name NONE		
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.					

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: **12-16-14**
Check No.: **14453**
BY: **Norbert A. Therien**
FOR SECRETARY OF STATE USE ONLY

FILED

DEC 17 2014

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.

Norbert A. Therien 12-16-14
Signature of Authorized Representative Date

NORBERT A. THERIEN, PRESIDENT

Print or Type Name of Authorized Representative