



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. 000035779		2. Exact name of the Corporation NARRAGANSETT ENGINEERING, INC.		
3. Principal office address 3102 E. MAIN ROAD		City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. 401 683 6630		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island CIVIL, STRUCTURAL ENVIRONMENTAL ENGINEERING, LAND SURVEYING AND ARCHITECTURE				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name KAMAL R. HINGORANY		Vice-President Name DEAL KAMAL HINGORANY		
Street Address 87 OLD WARREN RD.		Street Address 104 DIGHTON AVENUE		
City SWANSEA	State MA	Zip 02777	City PORTSMOUTH	State RI
Secretary Name DENISE L. HINGORANY		Treasurer Name DENISE L. HINGORANY		
Street Address 87 OLD WARREN RD.		Street Address 87 OLD WARREN ROAD		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name ACHLA MADAN		Director Name		
Street Address 34 WILLIAM RD		Street Address		
City FITCHBURG	State MA	Zip 01420	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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	CNP	\$0.00

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 CORPORATIONS DIV
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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: _____

FILED

MAR 02 2015

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.

Kamal Hingorany
 Signature of Authorized Representative Date 3/2/15

FOR SECRETARY OF STATE USE ONLY *00243597* KAMAL R. HINGORANY
 Print or Type Name of Authorized Representative