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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 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.	2. Exact name of the Corporation
100792	**Commonwealth Land Surveyors, Inc.**

3. Principal office address	City	State	Zip
1182 South Main Street, 2nd Floor	**Attleboro**	**MA**	**02703**

4. Business Phone No.	5. State of Incorporation
(508) 455-2634	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
To conduct, manage and carry on business of land surveyors and biologists and to do surveying work of all types

President Name	Vice-President Name
Curt Nunes	
Street Address: **1182 South Main Street, 2nd Floor**	Street Address
City: **Attleboro** / State: **MA** / Zip: **02703**	City / State / Zip
Secretary Name: **Curt Nunes**	Treasurer Name: **Curt Nunes**
Street Address: **1182 South Main Street, 2nd Floor**	Street Address: **1182 South Main Street, 2nd Floor**
City: **Attleboro** / State: **MA** / Zip: **02703**	City: **Attleboro** / State: **MA** / Zip: **02703**

Director Name	Director Name
Curt Nunes	
Street Address: **1182 South Main Street, 2nd Floor**	Street Address
City: **Attleboro** / State: **MA** / Zip: **02703**	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.	1,000		no par value

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.

FILED

File Date MAR 26 2015
Check No
By: By 3702

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.

Signature of Authorized Representative — Date 2/23/15

Curt Nunes
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised 01/2012 [illegible]231682