



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. 100792		2. Exact name of the Corporation Commonwealth Land Surveyors, Inc.			
3. Principal office address 1182 South Main Street, 2nd Floor			City Attleboro	State MA	Zip 02703
4. Business Phone No. (508) 455-2634			5. State of Incorporation 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 Curt Nunes			Vice-President Name		
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 Curt Nunes			Director Name		
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
D. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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		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.

File Date _____

FILED
MAR 26 2015

Check No _____

By: _____

By 3772

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