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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 2016

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**

RECEIVED 2015 NOV 16 PM 1:17 SECRETARY OF STATE CORPORATIONS DIV

1. Entity ID No.	2. Exact name of the Corporation
85174	HW MOORE ASSOCIATES INC

3. Principal office address	City	State	Zip
112 SHAWMUT AVENUE	BOSTON	MA	02116

4. Business Phone No.	5. State of Incorporation
617-357-8145	MASSACHUSETTS

6. Brief description of the character of business conducted in Rhode Island
Engineering - Civil

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

RECEIVED 2015 SEP 25 AM 11:04 SECRETARY OF STATE CORPORATIONS DIV

President Name	Vice-President Name
HAROLD W MOORE	
Street Address	**Street Address**
555 CHAPMAN STREET	
City / State / Zip	**City / State / Zip**
CANTON / MA / 02021	
Secretary Name	**Treasurer Name**
HAROLD W MOORE JR	HAROLD W MOORE
Street Address	**Street Address**
551 CHAPMAN STREET	555 CHAPMAN STREET
City / State / Zip	**City / State / Zip**
CANTON / MA / 02021	CANTON / MA / 02021

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

RECEIVED 2015 OCT 05 AM 11:55 SECRETARY OF STATE CORPORATIONS DIV

Director Name	Director Name
HAROLD W MOORE	HAROLD W MOORE JR
Street Address	**Street Address**
555 CHAPMAN STREET	551 CHAPMAN STREET
City / State / Zip	**City / State / Zip**
CANTON / MA / 02021	CANTON / MA / 02021
Director Name	**Director Name**
SHARON MAXWELL	
Street Address	**Street Address**
609 CHAPMAN STREET	
City / State / Zip	**City / State / Zip**
CANTON / MA / 02021	

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.	1000	COMMON	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.

FOR SECRETARY OF STATE USE ONLY
File Date _____
Check No _____
By: _____
FILED
NOV 16 2015
BY CM 261239
1:20

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.

HWM Moore 9-17-15
Signature of Authorized Representative Date

✓ Harold W. Moore
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
127838-2-1062098