



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. 000148909		2. Exact name of the Corporation Kleinfelder Northeast, Inc.		
3. Principal office address 215 First Street, Ste 320		City Cambridge	State MA	Zip 02142
4. Business Phone No. (617) 497-7800		5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Engineering & Consulting Services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Joseph Cormier		Vice-President Name NA		
Street Address 215 First Street, Ste 320		Street Address -		
City Cambridge	State MA	Zip 02142	City -	State -
Secretary Name Robert Rink		Treasurer Name Carl D. Lowman		
Street Address 215 First Street, Ste 320		Street Address 500 West C Street, Ste 1200		
City Cambridge	State MA	Zip 02142	City San Diego	State CA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Kevin E Pottmeyer		Director Name Joseph Cormier		
Street Address 311 Weed Rd.		Street Address 215 First Street, Ste 320		
City Shelburne	State VT	Zip 05482	City Cambridge	State MA
Director Name Robert Rink		Director Name Mary E. Loden		
Street Address 215 First Street, Ste 320		Street Address 215 First Street, Ste. 320		
City Cambridge	State MA	Zip 02142	City Cambridge	State MA
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		25,100	Common	0

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: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

DEC 03 2015

Signature of Authorized Representative

11/30/15
Date

By 262479 Charles S. Alpert
Print or Type Name of Authorized Representative

A.A. 10:27 A.M.

Kleinfelder Northeast, Inc
ID No. 000148909

Annual Report For the year 2015.

7. officers (Cont'd)

Assistant Secretary - Charles S. Alpert
550 West C Street, Ste 1200
San Diego, CA 92101

Assistant Secretary - Mary E. Loden
215 First Street, Ste 320
Cambridge, MA 02142