



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.

1. Entity ID No. 74658		2. Exact name of the Corporation Environmental Planning & Surveying, Inc.			
3. Principal office address 52 Dugway Bridge Rd.			City West Kingston	State RI	Zip 02892
4. Business Phone No. 401-789-3628			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island To provide environmental consulting services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Wesley Grant, III			Vice-President Name Wesley Grant, III		
Street Address 52 Dugway Bridge Rd.			Street Address 52 Dugway Bridge Rd.		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Wesley Grant, III			Treasurer Name Wesley Grant, III		
Street Address 52 Dugway Bridge Rd.			Street Address 52 Dugway Bridge Rd.		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) <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
			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

FILED

FEB 01 2016

By

KL 35210

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] 1/28/16
 Signature of Authorized Representative Date

WESLEY GRANT III
 Print or Type Name of Authorized Representative