

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.

1. Entity ID No.		2. Exact name of the Corporation				
88582	Site Er	Site Engineering Consultants, Inc.				
3. Principal office address 55 Grape Shot Road			City Sharon	State MA	Zip 020678	
4. Business Phone No. 781-784-0326			5. State of Incorporation Massachusetts			
		s conducted in Rhode Islar ulting and design se		velopment related p	projects.	
ALSEA FOR CERS	NAMES AND ADDE	IESSES) (WXWISTOXE:OTIZ	TRACIMENTO E			
President Name Anthony Stella			Vice-President Name Leah Stella			
Street Address 55 Grape Shot Road			Street Address 55 Grape Shot Road			
City Sharon	State MA	Zip 02067	City Sharon	State MA	Zip 02067	
Secretary Name Leah Stella			Treasurer Name Anthony Stella			
Street Address 55 Grape Shot Road			Street Address 55 Grape Shot Road			
City Sharon	State MA	Zip 02067	City State MA		Zip 02067	
LIST <u>ALL</u> DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
irector Name			Director Name	<u>a planta del del esta de propulsiones esta de applicación de la companya del companya de la companya de la companya de la companya del companya de la compa</u>		
treet Address			Street Address			
City	State	Zip	City	State	Zip	
irector Name			Director Name	<u></u>		
treet Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZED			10. SHARES ISSUEL	("X" BOX FOR ATTACI	HMENTY	
nls information is currently of record in the Office of the Secretary State. Changes require an additional filing. se Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			15,000	common	no par value	
his report must be execut	ed on behalf of the o	orporation by an authorized to be executed on behalf of	d representative. If the o	corporation is in the hands	s of a receiver or trustee,	
File Date		. 20 ONOGROU ON DONAII OF	Under penalty of pethis report, includir	erjury, I declare and affiring any accompanying s	chedules and statemen	
Check No		(*) ! **···	and that all stateme	ents contained herein ar	e true and correct.	
y:		FILED	Signature of Author	zed Representative	2/22// _{Date}	
FOR SECRETARY OF STATE USE ONLY FEB 2 9 2016			Anthony Stella Print or Type Name of Authorized Representative			
m No. 630	•	14L 1738	Frint or Type Name	of Authorized Representa	itive	