



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. 22519	2. Exact name of the Corporation RUBIEN ENGINEERING AND CONSULTING CORPORATION		
3. Principal office address 2 WOODSIA ROAD	City SAUNDERSTOWN	State R.I.	Zip 02874
4. Business Phone No. (401) 294-9474	5. State of Incorporation R.I.		

6. Brief description of the character of business conducted in Rhode Island
REAL ESTATE

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

President Name DAVED E. RUBIEN	Vice-President Name PAULA R. RUBIEN
Street Address 2 WOODSIA RD	Street Address 2 WOODSIA RD
City SAUNDERSTOWN State RI. Zip 02874	City SAUNDERSTOWN State R.I. Zip 02874
Secretary Name PAULA R. RUBIEN	Treasurer Name DAVED E. RUBIEN
Street Address 2 WOODSIA RD	Street Address 2 WOODSIA RD
City SAUNDERSTOWN State R.I. Zip 02874	City SAUNDERSTOWN State R.I. Zip 02874

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

Director Name DAVED E. RUBIEN, PRES	Director Name PAULA R. RUBIEN, VICE PRES.
Street Address 2 WOODSIA RD	Street Address 2 WOODSIA RD
City SAUNDERSTOWN State R.I. Zip 02874	City SAUNDERSTOWN State RI Zip 02874
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. 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
	300		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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 23 2016

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.
DAVED E. RUBIEN, PRES
Signature of Authorized Representative **DAVED E. RUBIEN, PRES**
Date **5/19/16**
Print or Type Name of Authorized Representative **PRESIDENT**