



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1658591		2. Exact name of the Corporation Vincent Galatro, PE, PC		
3. Principal Office Address 86 President Avenue		City Providence	State RI	Zip 02906
4. Business Phone Number 401-484-7003		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Engineering				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Vincent Galatro		Vice-President Name Vincent Galatro		
Street Address 86 President Ave		Street Address 86 President Ave		
City Providence	State RI	Zip 02906	City Providence	State RI
Secretary Name Vincent Galatro		Treasurer Name Vincent Galatro		
Street Address 86 President Ave		Street Address 86 President Ave		
City Providence	State RI	Zip 02906	City Providence	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name none		Director Name none		
Street Address none		Street Address none		
City none	State none	Zip none	City none	State none
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		
		<div style="display: flex; justify-content: space-between;"><div>NUMBER OF SHARES</div><div>CLASS/SERIES</div><div>PAR VALUE</div></div>		
		<div style="display: flex; justify-content: space-between;"><div>100</div><div>Common</div><div>No Par</div></div>		
11. 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. 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.				
Name of Authorized Representative Vincent Galatro				Date 7/22/16
Signature of Authorized Representative 				

FILED

JUL 26 2016

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov