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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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	2. Exact name of the Corporation
85174	H.W. MOORE ASSOCIATES INC

3. Principal Office Address	City	State	Zip
121 E. BERKELEY STREET, 4TH FLOOR	BOSTON	MA	02118

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
54 - Professional, Scientific, an	ENGINEERING FIRM
5. State of Incorporation	
MASSACHUSETTS	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President
Name	HAROLD W. MOORE	HAROLD W. MOORE, JR.
Street Address	555 CHAPMAN STREET	551 CHAPMAN STREET
City	CANTON	CANTON
State	MA	MA
Zip	02021	02021

	Secretary	Treasurer
Name	HAROLD W. MOORE	HAROLD W. MOORE
Street Address	555 CHAPMAN STREET	555 CHAPMAN STREET
City	CANTON	CANTON
State	MA	MA
Zip	02021	02021

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director	Director
Name	HAROLD W. MOORE	HAROLD W. MOORE, JR.	SHARON MAXWELL
Street Address	555 CHAPMAN STREET	551 CHAPMAN STREET	609 CHAPMAN STREET
City	CANTON	CANTON	CANTON
State	MA	MA	MA
Zip	02021	02021	02021

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	NO PAR VALUE

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	Date
✓ Harold W. Moore, Jr.	✓ 2-28-17

Signature of Authorized Representative ✓

FILED

MAR 02 2017

002431

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017