



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<br><b>85174</b>   |                    | 2. Exact name of the Corporation<br><b>H.W. MOORE ASSOCIATES INC</b>                                   |   |                    |                        |
| 3. Principal Office Address<br><b>121 E. BERKELEY STREET, 4TH FLOOR</b>   |                    | City<br><b>BOSTON</b>  |   | State<br><b>MA</b> | Zip<br><b>02118</b>    |
| 4. NAICS Code<br><b>54 - Professional, Scientific, an</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>ENGINEERING FIRM</b> |   |                    |                        |
| 5. State of Incorporation<br><b>MASSACHUSETTS</b>   |                    |  |   |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                        |
| President Name<br><b>HAROLD W. MOORE</b>  |                    |  | Vice-President Name<br><b>HAROLD W. MOORE, JR.</b>  |                    |                        |
| Street Address<br><b>555 CHAPMAN STREET</b>   |                    |  | Street Address<br><b>551 CHAPMAN STREET</b>   |                    |                        |
| City<br><b>CANTON</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>  | City<br><b>CANTON</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>    |
| Secretary Name<br><b>HAROLD W. MOORE</b>  |                    |  | Treasurer Name<br><b>HAROLD W. MOORE</b>  |                    |                        |
| Street Address<br><b>555 CHAPMAN STREET</b>   |                    |  | Street Address<br><b>555 CHAPMAN STREET</b>   |                    |                        |
| City<br><b>CANTON</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>  | City<br><b>CANTON</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                        |
| Director Name<br><b>HAROLD W. MOORE</b>   |                    |  | Director Name<br><b>HAROLD W. MOORE, JR.</b>  |                    |                        |
| Street Address<br><b>555 CHAPMAN STREET</b>   |                    |  | Street Address<br><b>551 CHAPMAN STREET</b>   |                    |                        |
| City<br><b>CANTON</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>  | City<br><b>CANTON</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>    |
| Director Name<br><b>SHARON MAXWELL</b>  |                    |  | Director Name   |                    |                        |
| Street Address<br><b>609 CHAPMAN STREET</b>   |                    |  | Street Address  |                    |                        |
| City<br><b>CANTON</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>  | City  | State              | Zip                    |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.  |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
|   |                    |  | 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<br><i>Harold W. Moore, Jr.</i>  |                    |  |   |                    | Date<br><i>2-28-17</i> |
| Signature of Authorized Representative<br><i>[Signature]</i>  |                    |  |   |                    |                        |

MAIL TO:  
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