



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

STAMP

FOR

→ 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 156698		2. Exact name of the Corporation Turning Point Survey Company, Inc.	
3. Principal Office Address 100 Broadcommon Road		City Bristol	State RI
		Zip 02809	
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island Providing professional land surveying services		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David G. Greenhalgh		Vice-President Name Susan B. Greenhalgh	
Street Address 26 Woodland Road		Street Address 26 Woodland Road	
City Barrington	State RI	Zip 02806	City Barrington
Secretary Name Steven M. McInnis		Treasurer Name David G. Greenhalgh	
Street Address 38 Bellevue Avenue, Suite H		Street Address 26 Woodland Road	
City Newport	State RI	Zip 02840	City Barrington
		State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name David G. Greenhalgh		Director Name	
Street Address 26 Woodland Road		Street Address	
City Barrington	State RI	Zip 02806	City
		State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
		State	Zip
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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			\$0.01 Par
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 David G. Greenhalgh		Date 1/28/17	
Signature of Authorized Representative		David G. Greenhalgh	

SIGN DOCUMENT HERE

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