




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 596514		2. Exact name of the Corporation Hallam Associates Inc.			
3. Principal Office Address 38 Eastwood Drive, Suite 200			City So Burlington	State VT	Zip 05403
4. NAICS Code 541512		6. Brief description of the character of business conducted in Rhode Island Engineering, commissioning, Controls Integrations and any other legal corporate business activity.			
5. State of Incorporation New Hampshire					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000,000		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 Keith P Flaherty				Date 02/28/17	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

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Entity #596514

Officers

President Keith P Flaherty
Street 69 Butler Drive
City/State/Zip S Burlington, VT 05403

VP/Treasurer Brenda S Matthews
Street 905 NW Carpathian Drive
City/State/Zip Corvallis, OR 97330-9562

VP/Secretary Jeffrey N Silcox
Street 33 Toledo Street
City/State/Zip Teaticket, MA 02536

Name John R Butterfield
Street 721 North Williston Rd
City/State/Zip Williston, VT 05495

Name Peter T Niarchos
Street 308 Isham Circle
City/State/Zip Williston, VT 05495

Name Bernard A Pelkey
Street 1913 Pearline Drive
City/State/Zip Zebulon, NC 27597

Name Scott M King
Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403

Name William E Neuburger
Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403

Directors

Name Keith P Flaherty
Street 69 Butler Drive
City/State/Zip S Burlington, VT 05403

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Street 905 NW Carpathian Drive
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Name William E Neuburger
Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403

Name Michael Powers
Street 41 Rivendell Way
City/State/Zip Thornton, NH 03285

Name Kristian Montenegro
Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403