



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 123268		2. Exact name of the Corporation ADVANCED CIVIL DESIGN, INC.			
3. Principal Office Address 7 Countryside Lane		City Scituate		State RI	Zip 02857
4. NAICS Code 54 - Professional, Scientific, <input type="checkbox"/>	6. Brief description of the character of business conducted in Rhode Island provide professional engineering 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 Nicholas J. Piampiano			Vice-President Name Curtis S. Ruotolo		
Street Address 7 Countryside Lane			Street Address 6 Vernon Street		
City Scituate	State RI	Zip 02857	City Greenville	State RI	Zip 02828
Secretary Name Nicholas J. Piampiano			Treasurer Name Curtis S. Ruotolo		
Street Address 7 Countryside Lane			Street Address 6 Vernon Street		
City Scituate	State RI	Zip 02857	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			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	
100		common		\$1.00	
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 Nicholas J. Piampiano, President					Date 2/24/17
Signature of Authorized Representative 					

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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