



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 21763	2. Exact name of the Corporation WARREN ROGERS ASSOCIATES, INC.
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3. Principal Office Address 747 AQUIDNECK AVENUE	City MIDDLETOWN	State RI	Zip 02842
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4. NAICS Code 54 - Professional, Scientific,	6. Brief description of the character of business conducted in Rhode Island STATISTICAL ANALYSIS OF INVENTORY IN UNDERGROUND STORAGE TANKS
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM P. JONES			Vice-President Name JILLANNE JONES		
Street Address 1 DENISON DRIVE			Street Address 1 DENISON DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Secretary Name JILLANNE JONES			Treasurer Name JILLANNE JONES		
Street Address 1 DENISON DRIVE			Street Address 1 DENISON DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name "SAME AS OFFICER"			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 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"/>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">NUMBER OF SHARES</th> <th style="width: 30%;">CLASS/SERIES</th> <th style="width: 20%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">2,250,000</td> <td></td> <td style="text-align: center;">NONE</td> </tr> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2,250,000		NONE
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE					
2,250,000		NONE					

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 <i>Jill Jones</i>	Date <i>03/20/17</i>
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Signature of Authorized Representative <i>Jill Jones</i>

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

FILED

MAR 23 2017

By *3324*