



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 <b>88582</b>	2. Exact name of the Corporation <b>Site Engineering Consultants, Inc.</b>
-------------------------------------	---

3. Principal Office Address <b>55 Grape Shot Road</b>	City <b>Sharon</b>	State <b>MA</b>	Zip <b>020678</b>
--	-----------------------	--------------------	----------------------

4. NAICS Code <b>54</b>	6. Brief description of the character of business conducted in Rhode Island <b>To provide civil engineering consulting and design services for site development related projects.</b>
----------------------------	--

5. State of Incorporation <b>Massachusetts</b>	
---	--

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Anthony Stella</b>			Vice-President Name <b>Leah Stella</b>		
Street Address <b>55 Grape Shot Road</b>			Street Address <b>55 Grape Shot Road</b>		
City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>	City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>
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

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

This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES <b>15,000</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>
--	-----------------------------------	-------------------------------	----------------------------------

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 <b>Anthony Stella</b>	Date <b>MAR. 29, 2017</b>
--	------------------------------

Signature of Authorized Representative

**FILED**  
**APR 03 2017**  
 BY 12601 DS