



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.

RI SOS STATE
BUSINESS DIV

2017 JUN -5 AM 11:24

1. Entity ID Number 000545282		2. Exact name of the Corporation MUFFATT & NICHOL, INC.			
3. Principal Office Address 3780 KILROY AIRPORT WAY, STE 750			City LONG BEACH	State CA	Zip 90806
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island CONSULTING DESIGN ENGINEERING			
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ERIC NICHOL			Vice-President Name OLIE ABBAMONTO		
Street Address 3780 KILROY AIRPORT WAY, STE 750			Street Address 3780 KILROY AIRPORT WAY STE 750		
City LONG BEACH	State CA	Zip 90806	City LONG BEACH	State CA	Zip 90806
Secretary Name DAVID NICHOL			Treasurer Name		
Street Address 3780 KILROY AIRPORT WAY, STE 750			Street Address		
City LONG BEACH	State CA	Zip 90806	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input 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		
			288,100.00		
			CNP		
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 OLIE ABBAMONTO					Date 5/30/2017
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

BY

FORM 630 - Revised: 02/2017