



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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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 78440		2. Exact name of the Corporation Ocean & Coastal Consultants, Inc.	
3. Principal Office Address 35 Corporate Drive, Suite 1200		City Trumbull	State CT
		Zip 06611	
4. Business Phone Number 203-268-5007		5. State of Incorporation CT	
6. Brief description of the character of business conducted in Rhode Island Consulting Engineering			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John E. Chapman		Vice-President Name Stephen A. Famularo	
Street Address 35 Corporate Drive, Suite 1200		Street Address 35 Corporate Drive, Suite 1200	
City Trumbull	State CT	City Trumbull	State CT
Zip 06611		Zip 06611	
Secretary Name N/A		Treasurer Name Same as above	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Thomas Dahlgren		Director Name Dale Berner	
Street Address Jens Bornos Vej 42, DK-2970 Horsholm		Street Address 1300 Clay Street	
City Denmark (country)	State	City Oakland	State CA
Zip		Zip 94612	
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	
		6,300	Common
			0
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 John E. Chapman		Date 7/3/17	
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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FORM 630 - Revised: 05/2016