State of Rhode Island and Providence Plantations Department of State - Business Services Division					FILED	
Annual Report for the year: Corporation					JAN 1 8 2018	
 → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 		iled by April 1.		BY	519 1	
1: Entity ID Number	2. Exact name of	of the Corporation				
63601	Fitzu	later En	Igineering Corp.	Gation		
3. Principal Office Address 271 Plain Lielo	Pike		Scituate	State RI	Zip 03857	
4. NAICS Code	Brief descript	ion of the characte	r of business conducted in Rh	ode Island		
<i>3</i> 33518	0.1	L 1100	hisino			
5. State of Incorporation	- CONTA	act mac	Juning			
l RI						
7. List ALL officers (names and a	ddresses)	· · · · · · · · · · · · · · · · · · ·	C	heck the box to indicat	te an attachment	
President Name	- , ,		Vice-President Name			
	icld		Edward J. Field			
Street Address 271 Plain field Pike			271 Plainfield Pike			
City Scituate	State RI	Zip 02857	City Sci Luate	State RI	Zip 02857	
Secretary Name M. Carolyn Field			Treasurer Name Edward J. Field			
Street Address 271 Plain field Pike			271 Plain field Pike			
City Scituate	State RI	Zip O2 857	Sci frate	State Rエ	Zip 02857	
8. List ALL directors (names and	addresses)			heck the box to indica	te 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 Issu		ed Check the box to indicate an attachment				

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.

GN DOCUMENT HERE

NUMBER OF SHARES

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

This information is currently of record in the

Changes require an additional filing.

Signature of Authorized Representative

CLASS/SERIES

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

Department of State.

PAR VALUE