



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

FILED

JAN 25 2018

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2018
 BY 11520

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 155436		2. Exact name of the Corporation Reney, Moran & Tivnan			
3. Principal office address 75 Hammond Street		City Worcester		State ma	Zip 01607
4. Business Phone No. 508-752-8885		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island mortgage inspection/surveying					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Hossein Haghanizadeh			Vice-President Name Daniel Tivnan		
Street Address 27 Pineland Ave			Street Address 201 Samuel Drive		
City Worcester	State MA	Zip 01604	City Whitinsville	State ma	Zip 01588
Secretary Name Hossien Haghanizadeh			Treasurer Name Daniel Tivnan		
Street Address 27 Pineland Ave			Street Address 201 Samuel Drive		
City Worcester	State MA	Zip 01604	City Whitinsville	State MA	Zip 01588
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Hossien Haghanizadeh			Director Name Daniel Tivnan		
Street Address 27 Pineland Ave			Street Address 201 Samuel Drive		
City Worcester	State MA	Zip 01604	City Worcester	State MA	Zip 01588
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			20,000	common	none

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

H. H. H. H.
 Signature of Authorized Representative _____ Date _____
Hossien Haghanizadeh
 Print or Type Name of Authorized Representative