



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 FEB -5 PM 12:35

1. Entity ID Number 000543407	2. Exact name of the Corporation BSI ENGINEERING INC.		
3. Principal Office Address 100 HALLET ST		City BOSTON	State MA
		Zip 02124	
4. NAICS Code 541330	6. Brief description of the character of business conducted in Rhode Island CIVIL ENGINEERING.		
5. State of Incorporation MA.			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES NOONE			Vice-President Name		
Street Address 66 PLEASANT ST			Street Address		
City PEMBROKE	State MA	Zip 02359	City	State	Zip
Secretary Name BLAKE LECLAIR			Treasurer Name SEAN GOOLEY		
Street Address 622 WALNUT STREET			Street Address 119 WARREN ST		
City LYNH	State MA	Zip 01905	City MEDFORD	State MA	Zip 02155

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAVID O'CONNOR - CLERK.			Director Name		
Street Address 90 MONTROSE AVE			Street Address		
City WANEFIELD	State MA	Zip 01880	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
		100	CNP	\$0.00

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 SEAN GOOLEY	Date 12-14-17
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Signature of Authorized Representative <i>Sean Gooley</i>	SIGN DOCUMENT HERE	FILED
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 05 2018
 BY 323603
 A.A. 12:37p.m.