



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 15 2018

BY 4013
[Signature]

Annual Report for the year: 2018
 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 59797		2. Exact name of the Corporation PAUL B. ALDINGER & ASSOCIATES INCORPORATED			
3. Principal Office Address 860A Waterman Avenue, Suite 9			City East Providence	State RI	Zip 02914
4. NAICS Code 513360		6. Brief description of the character of business conducted in Rhode Island Professional Engineering Firm			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul B. Aldinger			Vice-President Name		
Street Address 2 Coggeshall Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Paul B. Aldinger			Treasurer Name Paul B. Aldinger		
Street Address 2 Coggeshall Avenue			Street Address 2 Coggeshall Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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	
		1,000		NO PAR	
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 Paul B. Aldinger					Date 2/9/18
Signature of Authorized Representative <i>Paul B. Aldinger</i>					

MAIL TO:
 Division of Business Services
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