



State of Rhode Island and Providence Plantations

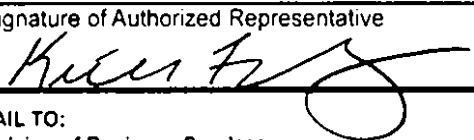
Department of State - Business Services Division

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 596514		2. Exact name of the Corporation Hallam Associates, Inc.												
3. Principal Office Address 38 Eastwood Drive, Suite 200			City South Burlington	State VT	Zip 05403									
4. NAICS Code 541512		6. Brief description of the character of business conducted in Rhode Island Engineering, commissioning, Controls Integration and any other legal corporate business activity.												
5. State of Incorporation NH														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒														
President Name			Vice-President Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate 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 Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000,000</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	1,000,000	Common	No Par Value			
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1,000,000	Common	No Par Value												
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 Keith P Flaherty				Date 2/19/18										
Signature of Authorized Representative  SIGN DOCUMENT HERE														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 23 2018

BY

831055 DS

FORM 630 - Revised: 10/2017

Entity #596514

Officers

President Keith P Flaherty
Street 69 Butler Drive
City/State/Zip S Burlington, VT 05403

VP/Treasurer Brenda S Matthews
Street 905 NW Carpathian Drive
City/State/Zip Corvallis, OR 97330-9562

VP/Secretary Jeffrey N Silcox
Street 33 Toledo Street
City/State/Zip Teaticket, MA 02536

Name John R Butterfield
Street 721 North Williston Rd
City/State/Zip Williston, VT 05495

Name Peter T Niarchos
Street 308 Isham Circle
City/State/Zip Williston, VT 05495

Name Bernard A Pelkey
Street 1913 Pearline Drive
City/State/Zip Zebulon, NC 27597

Name Scott M King
Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403

Name William E Neuburger
Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403

Directors

Name Keith P Flaherty
Street 69 Butler Drive
City/State/Zip S Burlington, VT 05403

Name Brenda S Matthews
Street 905 NW Carpathian Drive
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Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403

Name William E Neuburger
Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403

Name Michael Powers
Street 41 Rivendell Way
City/State/Zip Thornton, NH 03285

Name Kristian Montenegro
Street 38 Eastwood Dr Ste 200
City/State/Zip S Burlington, VT 05403

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FEB 23 2018

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